BAKERSFIELD CITY SCHOOL DISTRICT

Education Center – 1300 Baker Street Bakersfield, California 93305 Personnel Services

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Name of Agency, Placement Office	e or Business Fir	m: the reference listed	d on your application
Address of your reference	City	State/Zip	Phone/Fax
I hereby authorize release to the a employment with the Bakersfield C			my previous or current
Print Name			
Signature			
Social Security #			
Date			