



**AUTHORIZATION AND RELEASE OF LIABILITY  
FOR WORK REFERENCE**

By signing this page, I hereby authorize and request Monroe County to release to \_\_\_\_\_ reference information regarding my work performance, attendance, reason for leaving, if applicable, and other information relating to my employment with Monroe County.

By signing this page, I also release for myself, my family and my heirs, and agree to hold harmless Monroe County and its employees or agents from any and all liability for damages of whatever kind which may result directly or indirectly from good faith compliance or attempts to comply with this release.

This authorization is valid for sixty (60) days from the date hereof. A copy of this signed authorization shall be as effective as the original.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_