



**SOUTH SUBURBAN  
SPECIAL RECREATION  
ASSOCIATION**

**South Suburban Special Recreation Association**

19910 80th Avenue                      815-806-0384 (phone)  
Tinley Park, IL 60487                      815-806-0390 (fax)

**Reference Check**

**Authorization to Release Information**

To (prior employer) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

As an applicant for a position with South Suburban Special Recreation Association, I have been asked to furnish reference information in reviewing my background and qualifications. I do hereby authorize, South Suburban Special Recreation Association to investigate my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications. I further agree to cooperate in such an investigation.

**Waiver and Release of All Claims**

I agree to release from all persons and corporations requesting or supplying such information from all liability or responsibility. I further agree to waive and relinquish all claims I may have as a result of requesting or supplying such information and do hereby fully release and forever discharge all cooperating parties from any and all claims for damages or losses that I may incur and arising out of, connected with, or in any way associated with this request or supplying such reference information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my Waiver and Release of All Claims for your files. Thank you for your assistance in supplying this reference information.

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

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_