



State of Utah
Department of Human Resource Management
REFERENCE RELEASE FORM

Name: _____

I authorize the State of Utah to seek information from employers, supervisors and colleagues regarding my work habits, performance record, ability to form effective working relationships with co-workers, technical skills and any other job-related information which will enable the State of Utah to evaluate my suitability for employment.

I authorize the State of Utah to obtain information from:

_____ Current Employer and Former Employers
INITIAL

_____ Former Employers Only
INITIAL

A copy of this release shall function as an original.

Signature: _____ Date: _____