

TOWN OF SOUTHBOROUGH
EMPLOYMENT INFORMATION
AUTHORIZATION AND RELEASE FORM

I, _____, have requested, or intend to request, that the Town of Southborough (the "Town") provide information concerning my employment with the Town and my personnel record to _____. I understand that the Town is not obligated to provide such information, and will do so only with my signed authorization.

Therefore, in consideration of the Town's release of my employment information, I agree as follows:

1. That the Town may provide my employment information, including a copy of my personnel file, to _____.
2. That I have read this form and understand it, and am signing it voluntarily; and
3. That I hereby release and discharge the Town of Southborough and all of its past and present selectmen, town administrators, officers, employees, agents and attorneys, whether directly or indirectly, and whether individually or in their official capacities (collectively, the "Releasees") from any and all claims, demands and liabilities whatsoever of every name and nature, whether directly or indirectly, personally or derivatively through others, in connection with the Town's release of my employment information.

Witness

Signature

Date: _____

Date: _____