

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for the position of _____ with the **University of California, Davis** (the University), I am required to furnish information for use in determining my qualifications. For this purpose, I authorize the release of information (described below) requested by the University concerning any substantiated allegations of misconduct (and clinical care if applicable) to permit the University to evaluate such information with respect to academic criteria for appointment, which may include, teaching, research and service. I understand the University will not request information authorized by this release unless I am a finalist for an academic appointment.

This signed release form authorizes the responsible office(s) at my current or prior institution(s) where I have been employed, to share information related to any Misconduct (including sexual harassment) policy violations attributed to me with the University of California.

For purposes of this Authorization, "misconduct" is defined as:

- Any violation, or alleged violation, of the policies or laws governing conduct at a candidate's previous place of employment, including, but not limited to, policies or laws prohibiting sexual harassment, sexual assault, or other forms of harassment, discrimination, dishonesty, or unethical conduct as defined by the previous employer.

This authorization includes release of information of a confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters. Should an institution provide information on an incident of misconduct, I will be informed and allowed to provide information in response.

The University considers sexual misconduct and other forms of harassment or discrimination with students or trainees to be related to teaching; with staff or colleagues to be related to service; and (if applicable) with patients to be related to clinical care. This authorization includes release of information of a confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters. Should an institution provide information on a finding of misconduct, I will be informed and allowed to provide information in response.

I hereby release, discharge, and exonerate (1) the University, its agents and representatives and (2) any institution or employer where I am currently, or have in the past been, employed, or any individual acting on behalf of such institution or employer, furnishing information to the University, from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information. This release shall be binding on my legal representatives and successors.

This authorization is valid for 365 days from the date of signature. A photocopy of this release is to be considered as valid as an original.

Print Name

Signature

Date