

CRYSTAL OAKS LONG TERM CARE

Release Authorization

I, _____, hereby authorize Crystal Oaks Long Term Care to contact
(PRINT NAME)
the employers listed on this application (without liability) in order to obtain information relating to myself and all information relating to my employment, the nature and character of the services rendered by me, the duration of such services, and the cause of my leaving said employment. I further release said person, firm corporation, or institution furnishing such information from any and all liability in connection with the release of such information.

SIGNATURE

DATE