

COMMISSION ON LEGAL COUNSEL FOR INDIGENTS
Release/Waiver for Employment Reference

I, _____, a current or former employee of the
(printed name of employee)

North Dakota Commission on Legal Counsel for Indigents, hereby waive and release the State of North Dakota, its officers, employees, and agents, both in their official and individual capacities, from any and all legal liability for damages that result from the use or disclosure of information or opinion regarding me to prospective employers.

I hereby authorize the State of North Dakota, its officers, employees, and agents, to provide information and opinion regarding me to prospective employers. I recognize and agree that this information and opinion may include, but is not limited to, my dates of employment, job title and classification, compensation history, reasons for leaving, job-related knowledge and skills, job performance, attendance record, disciplinary action, and general character. I understand that this information and opinion provided about me may be positive or negative.

Dated this _____ day of _____, 20__

Signature of employee