



Senior Tax
Exchange Program

Please return this form to:
Don Osterday, STEP Coordinator
Darlington Community School District
11630 Center Hill Road
Darlington, WI 53530

DARLINGTON COMMUNITY SCHOOL DISTRICT

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby empower an employee of the Darlington Community School District or other authorized representative thereof bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. municipal, state or federal law enforcement agencies;
2. selective service system;
3. any previous employer;
4. present employer;
5. any school, college, university or other educational institution;
6. any law enforcement certification or licensing board of Wisconsin or any other state.

This release is executed to authorize the Darlington Community School District, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

(Please print) Last Name	Full First Name	Full Middle Name
--------------------------	-----------------	------------------

Social Security Number	Date of Birth	Male or Female
------------------------	---------------	----------------

Address (Number and Street)

City State Zip

Signature	Date
-----------	------