

Authorization to Release Information

Washington Student Achievement Council
917 Lakeridge Way SW, Olympia, WA 98504
360-753-7800 | wsac.wa.gov



As an applicant for a position with the Washington Student Achievement Council, I am required to furnish information for use in determining my qualifications. I hereby authorize the Council to make inquiries regarding my education, work experience, and references, unless otherwise stated below. I hereby release all parties and persons associated with any such inquiries from liability in connection with information they give.

Comments

Signature

Printed Name

Date
