

NEW MEXICO STATE UNIVERSITY

CANDIDATE RELEASE FORM

In order that officials of New Mexico State University may be fully informed as to my professional character, experience, credentials, and qualifications in consideration of my application for the position referenced below, I hereby authorize the release of such information to New Mexico State University officials, officers, agents, and employees. I do hereby release former employers, coworkers, and any other persons having information concerning, my employment, educational history, credentials, and relevant qualifications from any and all liabilities [subject to correct and accurate information being conveyed]. I understand that NMSU has no obligation to extend further consideration to my application package if I do not sign this release. (Exceptions may be considered upon request.)

I certify that all information contained in my vitae/resume/application/transcripts is current, accurate, and complete to the best of my knowledge. I understand that the willful giving of any false information may result in non-consideration of my candidacy, withdrawal of an offer, or termination of employment.

SIGNATURE OF CANDIDATE /DATE

FOR OFFICIAL USE: To be completed by department prior to sending to finalist.

DEPARTMENT _____

POSITION TITLE _____

Return to: _____

