

*Associates In Psychiatry, PLLC 43157 Schoenherr  
Sterling Heights, Michigan 48313  
Phone: (586) 997-9619  
Fax: (586) 997-9635*

## **Reference Release Form**

I, \_\_\_\_\_, hereby authorize **Associate In Psychiatry, PLLC** and its agents to make investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities provided on my employment application. Furthermore, I authorize the company and its agents to release any reference information to prospective employers who request such information for purposes of evaluating my credentials and qualifications.

I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions.

_____ <i>Employee signature</i>	_____ <i>Date</i>
_____ <i>Printed Name</i>	