

Tonganoxie Schools  
330 E. Hwy. 24-40  
Tonganoxie, KS 66086  
Ph (913) 845-2153  
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**EMPLOYMENT REFERENCE AUTHORIZATION RELEASE AND WAIVER**

To: Tonganoxie School District  
Human Resources

Date: \_\_\_\_\_

I authorize the Tonganoxie School District to disclose any and all information pertinent to my employment in the Tonganoxie School District to prospective employers.

I release and hold harmless all prior and current employees from any civil or criminal liability for providing such information.

Name (please print) \_\_\_\_\_

Building and Assignment \_\_\_\_\_

Signature \_\_\_\_\_