



## Authorization to Release Employee Information

I, \_\_\_\_\_, hereby authorize NAMI Maine to release any and all information related to my employment with them to Community Care.

I further release and hold harmless both NAMI Maine and Community Care from any and all liability arising from the provision or use of this information or any other information reasonable and necessary to the employment process. I understand that any information released by NAMI Maine will be held in confidence, and that it will be used only for hiring and for my ongoing employment with Community Care.

\_\_\_\_\_

Signature of Direct Service Respite Provider

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Direct Service Respite Provider