



Authorization for Release of Information

I hereby authorize any person making an inquiry on behalf of *the Christian Academy of Guatemala* to obtain any information from schools, apartment managers, employers, or individuals, relating to my activities. This information may include but is not limited to, academic, residential, achievement, performance, attendance, personal history, credit history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request, whether favorable or unfavorable, to any representative of this institution presenting this authorization or a photocopy or facsimile of it.

I hereby release any individual, including record custodians, from any and all liability for damages, of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

This authorization shall be void six months from the date of execution.

A photocopy or facsimile copy of this document and any signature shall be considered for all purposes as an original.

Signature

Date

Print Name

Please return this form to: cagrecruit@christacadguate.org