



## Kansas State School for the Blind Authorization for Release of Information Application Supplemental B

This authorization or photocopy hereof authorizes the Kansas State School for the Blind or its authorized representatives to fully investigate, in the manner it deems appropriate, the information contained in my application.

This document also authorizes all individuals, partnerships, corporations, or other entities to release to the Kansas State School for the Blind or its authorized representatives, and all information, records, or documents whatsoever deemed by the Kansas State School for the Blind or its authorized representatives to be necessary to complete its investigation of my application. Said information or documents may concern but are not limited to my current and past positions, salaries, job performance, business activities, education background, general reputation, military service (if applicable), criminal conviction record, civil litigation, and former employment history including the reason for separation.

All individuals or organizations presented with authorization by the Kansas State School for the Blind or its authorized representatives are expressly authorized to permit the Kansas State School for the Blind or its authorized representatives to obtain copies of any and all documents or records pertaining to employment consideration.

Signature	Date
PLEASE PRINT BELOW:	
First and Last Name	
Maiden Name or Alias Name	

Please remember to sign and date the last page of this application, and complete this "Authorization for Release of Information" form. Omission of your signature will result in the rejection of your application. This application will remain active for six months from the date of signature.

This agency or its authorized representatives conducts background investigations on all individuals who have received an offer of employment. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.