

MOBILE COUNTY PUBLIC SCHOOL SYSTEM
CONFIDENTIAL INFORMATION RELEASE FORM

I _____, hereby give permission for the
Mobile County Public School System to release the following information:

- Employment Verification
- Transfer of Sick Leave Days
- Verification of Teaching Experience – Current Teacher
- Verification of Teaching Experience – Former Teacher
- Copy of Teacher’s Certification
- Background Clearance
- _____

Signature: _____

Social Security Number: _____

Current Assignment: _____

Date of Request: _____

**Complete below whom the information should be released to and
how it should be forwarded:**

Name: _____

Company: _____ Phone: _____

MAIL:
Address: _____

City/State/Zip: _____

FAX:
Fax Number: _____

PICK UP:
Give minimum of three (3) business days to complete. HR will contact you when
ready for pick up. Date required: _____

Completed by: _____ Date: _____