

Hobbs Municipal Schools

Central Office

1515 East Sanger

P. O. Box 1030

Hobbs, New Mexico 88241

575-433-0100

575-433-0140 fax

Request & Authorization of Release of Information

I, _____, hereby request and authorize the Hobbs Municipal Schools to release any personnel and employment related information including but not limited to letters of reference regarding my job performance while employed at the Hobbs Municipal Schools, service record, training documents, and employee evaluations.

I am also waiving any right of action, cause of action or other means of redress I may have against any person and/or employee of the Hobbs Municipal School District or the Hobbs Municipal School District itself.

Signature

Date

Printed Name

Street Address

City, State, Zip Code

If these records are not being sent to the address above, please include full name and address below:

Printed Name

Street Address

City, State, Zip Code