



Health System Human Resources
Box 800567
Charlottesville, VA 22908
Phone (434) 982-4122, Fax (434) 982-1683

REFERENCE RELEASE

May we ask for a reference from your current supervisor at this time? Yes No

This form will be given to former employers and/or schools you have attended for authorization to release information on your employment or academic history to the University of Virginia Health System. Employment at the University of Virginia Health System is contingent upon satisfactory references.

By signing below, I grant permission to release information to the University of Virginia Health System, relating to my work and/or academic experience.

Applicant's Name (please print or type)

Social Security Number

Date

Applicant's Signature

Please complete and return to:

**University of Virginia Health System
Health System Human Resources
BOX 800567
CHARLOTTESVILLE, VA 22908**

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