

Employment Verification Release Form

DiscoverAbility

1027 SLIGH BLVD
ORLANDO, FL 32806

I, _____, authorize DISCOVERABILITY, to contact my current and/or previous employer(s) and to obtain from them any relevant information about my employment status, including my pay, hours worked, performance, etc. I understand that I am consenting to the release of information about me held or known by my current/former employer(s), supervisors, and co-workers.

In exchange for DISCOVERABILITY's vocational services, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to DISCOVERABILITY. or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against DISCOVERABILITY or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

Signed: _____

Print: _____

Date: _____