

**AUTHORIZATION TO DISCLOSE
EMPLOYEE INFORMATION AND RELEASE OF LIABILITY
OFFICE OF RECIPIENT RIGHTS CHECK**

I, _____, authorize the network80 Office of Recipient Rights to disclose to the Provider/
(Print full name)

Consumer listed below all information regarding any violation of recipient rights committed by me. I recognize that any such disclosure will not include confidential information protected by Federal, State, or common law.

I, _____, release network180 and the network180 Office of Recipient Rights, its officers, its
(Print full name)
agents, and its employees from any and all liability claims, suits and actions of any nature brought against network180 and the network180 Office of Recipient Rights, its officers, its agents and its employees for disclosing information requested by me and I shall indemnify and hold harmless should any claim, suits or actions be filed against them.

PREVIOUS PLACES OF EMPLOYMENT

- | | |
|----------|-------------------------------|
| 1. _____ | Dates employed _____ to _____ |
| 2. _____ | Dates employed _____ to _____ |
| 3. _____ | Dates employed _____ to _____ |

_____ _____ _____
Applicant's Signature Date Previous Name Used (print)

SEND INFORMATION TO:

_____ **Provider/Consumer Name** _____
_____ **Address** _____
_____ **FAX** _____ **Email** _____

Fax this form to: 616.336.8812 or email to: orr@network180.org

OFFICE OF RECIPIENT RIGHTS USE ONLY

- The above applicant does not have a substantiated recipient rights violation(s) according to network180 records.
- The above applicant does have a substantiated recipient rights violation(s) according to network180 records.
Violations include:

Date	Violation
_____	_____
_____	_____

By: _____ Date: _____
network180 Office of Recipient Rights