Information Release And Waiver Agreement



Ι,	hereby authorize
and request Pace Ur	niversity to provide any and all information regarding my employment to
University, its direct harmless against, an	your honoring my request, I agree to release from liability Pace tors, officers, employees and agents, and all persons from, and hold it y and all claims of whatever nature that I might have now or in the the University providing such information.
Name	
Pace ID #	
Signature	
Date	

