

Authorization to Release Information: As an applicant a faculty position with Brown University (the University), I am required to furnish information and consent to a reference check for use in determining my qualifications and suitability for hire. For this purpose, I authorize the release of information (described below) requested by the University concerning any misconduct related to my professional record in teaching, research and service (and clinical care if applicable). I understand the University will not request information authorized by this release unless I am a finalist for an appointment to the faculty as an Associate or Full Professor. The University agrees to maintain the confidentiality of any information received on a need to know basis at the Dean's level and above.

If I have been found to have violated my current or previous institution's policies governing faculty conduct, including research misconduct and/or policies prohibiting sexual harassment, sexual assault, and/or other forms of harassment or discrimination, or if I am currently under investigation for violations of policies governing faculty conduct, this signed form allows my current or prior institution(s) to share that information.

The University considers sexual misconduct and other forms of harassment or discrimination with students or trainees to be related to teaching; with staff or colleagues to be related to service; and (if applicable) with patients to be related to clinical care. This authorization includes release of information of a confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters. Should an institution provide information on a finding of misconduct, I will be informed and allowed to provide information, both verbal and written, in response.

I hereby release, discharge, and exonerate the University, its agents and representatives and any person furnishing information to the University, from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, whether verbal or written. This release shall be binding on my legal representatives and heirs.

This authorization is valid for 365 days from the date of signature. A photocopy of this release is to be considered as valid as an original.

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Signature

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Date

Name of your current supervisor (usually a dean):

Supervisor's email address:

You may contact my supervisor at this time.

Do not contact my supervisor until all other steps of the hiring process are complete.