ClutchGroup
Global Legal Solutions

AUTHORIZATION FOR RELEASE OF LAW SCHOOL GRADUATE STATUS

I, _____ (name) hereby authorize the release of information to

Clutch Group concerning my graduate status from _____

(name of law school)

on _____ (date), with the degree of

_____ (type of degree, e.g., JD, LLM, etc.).

Date: _____ Signature: _____

Social Security Number: _____

REFERENCE CHECKING CONSENT AND DISCLOSURE

Many of our company clients prefer to check references themselves. However, in some instances, we are requested to verify references (with the exception of present employment). When we check your references, we are legally permitted to inquire into your employment history, work habits, personal characteristics, character and reputation. We may communicate this information to our clients. You may request a copy of the information we collect at any time. We are obligated to give you a copy of this information within five (5) days from receiving such a request.

ACKNOWLEDGMENT:

I agree that you may check my references as described in this policy on reference checking and indicate by signing below that I have received a copy. I also understand that I have the right to receive a copy of the information collected by Clutch Group when checking my references. I further agree that any information you gather from a reference may be provided to clients interested in employing me.

DATE: _____ SIGNATURE: _____