



UNIVERSITY of HAWAII®

# KAPI'OLANI

COMMUNITY COLLEGE

## CANDIDATE RELEASE FORM

In order that officials of Kapi'olani Community College may be fully informed as to my professional character, experience, credentials, and qualifications in consideration of my application for the position referenced below, I hereby authorize the release of such information to \_\_\_\_\_ (college/dept) officials, officers, agents, and employees. I do hereby release current and former employers, coworkers, and any other persons having information concerning my employment, work habits and activities, educational history, credentials, and relevant qualifications from any and all liabilities [subject to correct and accurate information being conveyed].

I certify that all information contained in my vitae/resume/transcripts is current, accurate, and complete to the best of my knowledge. I understand that the willful giving of any false information may result in non-consideration of my candidacy, withdrawal of an offer, or termination of employment.

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
\_\_\_\_\_  
FOR OFFICIAL USE: To be completed by department prior to sending to finalists.

DEPARTMENT:

POSITION TITLE:

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