



State of Washington
Department of Revenue
Human Resources Division
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Reference Check Authorization

I authorize DOR to contact other references beyond those I have provided and similarly release all such persons from any liability for furnishing employment and performance information. All information obtained is for official use by DOR, and will be treated in a confidential manner to the extent authorized by law.

A photocopy of this signed Authorization is as valid as the original and may be provided to anyone from whom information is requested in determining my job qualifications.

Print Name

Signature

Date