

STELLAR
5118 PARK AVENUE, SUITE 400 MEMPHIS, TN 38117
TELEPHONE (901) 509-4400

STATEMENT AUTHORIZING RELEASE OF INFORMATION

Date: _____

Name of Agency & Region: _____

Full Name of Applicant/Employee: _____

Previously used names (nicknames, maiden name, etc.): _____

SS#: _____

DL#: _____

State of DL: _____

I, _____, certify and affirm that, to the best of my knowledge and belief, I ___ have / ___ have not had a case of abuse, neglect, mistreatment or exploitation substantiated against me. In order to verify this affirmation, I release and authorize Stellar and the Tennessee Department of Intellectual and Developmental Disabilities (DIDD) to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business, entity or agency, whether governmental or non-governmental, as pertains to any allegations against me of abuse, neglect, mistreatment or exploitation and to consider this information as may be deemed appropriate. This authorization extends to providing any applicable information in personnel or investigative reports concerning my employment with this employer to my future employers who may be providers of services under contract with DIDD.

Signature of Applicant/Employee: _____

Date: _____

Witness: _____

Date: _____