



Authorization to release information

External Applicants for Tenured Faculty Positions

As an external applicant for this tenured faculty appointment at Harvard University (“Harvard”), I am required to furnish information so that Harvard may properly evaluate my candidacy and determine my qualifications. For this purpose, I hereby authorize the release of information from my current and former employers to Harvard as described in this Authorization to Release Information (“Authorization”). I understand Harvard will not request information pursuant to this Authorization unless I am a finalist for this tenured faculty position and I have received a contingent written offer.

I authorize the release of information requested by Harvard concerning:

- Any finding or determination that I violated the employer’s policies concerning the following types of misconduct: any form of harassment or discrimination, retaliation, sexual misconduct, bullying or intimidating/abusive behavior, unprofessional relationship, or misconduct related to scholarship, research, teaching, service, or clinical/patient care (collectively “Misconduct”).
- Any current or on-going (“open”) formal complaint investigation by the employer in which it is alleged that I have engaged in conduct which, if I were to be found responsible, would amount to a violation of the employers’ policies concerning any of the above referenced Misconduct.
- Any formal complaint investigation by a former employer which did not conclude due to my departure during the pendency of that formal complaint investigation and in which it was alleged that I engaged in conduct which, if I were found responsible, would amount to a violation of the employer’s policies concerning any of the above referenced Misconduct.

For the purposes of this inquiry, “any form of harassment or discrimination” includes, but is not limited to, harassment or discrimination on the basis of race, color, religion, creed, national origin, sex (including but not limited to sexual orientation and gender identity), pregnancy and pregnancy-related conditions, genetic information, ancestry, age, veteran status, military service, physical or mental disability, or any other protected class under state, federal or local law, or any employer’s policies.

This Authorization includes and permits the 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 employer provide information concerning a finding or an allegation pursuant to this Authorization, I will be informed and allowed to provide information in response.

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

This Authorization is valid for 365 days from the date of signature. A copy of this Authorization, electronic or otherwise, is to be considered as valid as an original.

Print Name: _____

Signed: _____

Dated: _____