

## “WORK EXPERIENCE VERIFICATION RECORD”

APPLICANT CONSENT TO RELEASE INFORMATION. Applicant complete this form authorizing permission for the supervisor to provide information and documentation regarding your applicant’s work experience to ADAD. This form is to be given to each supervisor providing supervision. Keep a copy for your record.

<b>APPLICANT CONSENT TO RELEASE INFORMATION</b>	
Name:	
Address :	
Email:	Contact Number:
<b><i>By my signature below, I am authorizing the supervisor identified below to provide information and documentation to the State of Hawaii, Department of Health, Alcohol and Drug Abuse Division (ADAD)</i></b>	
	Date: