



To Whom It May Concern:

I, _____, having made application of employment to the Family Health and Rehabilitation Center grant permission to contact all current and previous employers and authorize them to release information concerning my employment and any pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information.

Applicant's Signature

Date:

Witnessed:

Family Health and Rehabilitation Center
639 South Maize Court
Wichita, Kansas 67209
Phone: (316) 425-5600