



**AUTHORIZATION AND RELEASE FOR REFERENCE CHECK**

I authorize MedLink Georgia, Inc. to contact my former employers and other sources of information regarding my service, conduct, and background, and I hereby authorize each such employer and source of information to answer any and all questions regarding my prior employment and background.

I hereby indemnify MedLink Georgia, Inc., my former employers and each of the other sources of information contacted, and agree to hold them harmless from any claims arising from this authorization and direction.

Signed \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_