

# PURDUE

## RESEARCH FOUNDATION

### Human Resources Dual Career Services

#### Authorization for Release of Contact Information

I, \_\_\_\_\_, do hereby authorize the Purdue Research Foundation Human Resources' Dual Career Employment Services to disclose my name, address, and phone number to potential employers and other participants in this program for the purpose of assisting me during my search for employment in Indiana, especially in the West Lafayette/Lafayette area. I understand that I may withdraw this consent at any time by notifying the Purdue Research Foundation's Human Resources Department.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

#### **Return signed and dated release form:**

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