



RELEASE

I, _____, hereby authorize the Madison Metropolitan School District ("MMSD") to release to, discuss with, or correspond with Madison Teachers Inc. ("MTI") regarding any information MTI requests about my employment with the MMSD, including, but not limited to, my performance evaluations, grievances, warnings, oral reprimands, written reprimands, letters of expectation, performance improvement plans, notices of non-renewal, my individual teacher contract, sick leave, vacation leave, workers' compensation claims, disability claims, including, but not limited to, short and long term disability, unemployment compensation claims, claims for breach of my teacher's contract, issues regarding transfer, state and federal Family & Medical Leave Act ("FMLA"), state and federal wage and hour issues, and claims regarding discrimination of any kind.

This release shall remain valid for one year from the date executed.

A copy of this release shall be as effective as the original.

Dated this ____ day of _____, 20__.

Print Name

Signature

MMSD b#