



County of Santa Cruz, Human Services Department
Request for Proposals # 2019HSD01

Attachment C: Reference Form / Authorization for Release of Information and Waiver of Liability

To be executed by Proposer and submitted with Proposal

By signing this Authorization and Waiver, the County of Santa Cruz and its officers and employees are released from any claims, damages or liabilities of any kind, that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable, arising from the references provided.

_____ (Authorized Signature)

_____ (Printed Name) _____ (Date)

Representative of _____ (Agency/Company)

Agency/Company Name: _____

Agency/Company Address: _____

Contact Name: _____ Contact Telephone: _____

Dates/Types of Service: _____

Agency/Company Name: _____

Agency/Company Address: _____

Contact Name: _____ Contact Telephone: _____

Dates/Types of Service: _____

Agency/Company Name: _____

Agency/Company Address: _____

Contact Name: _____ Contact Telephone: _____

Dates/Types of Service: _____

Agency/Company Name: _____

Agency/Company Address: _____

Contact Name: _____ Contact Telephone: _____

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