

University of Wisconsin-Superior
CONFIDENTIAL COMMUNICATION / DISCLOSURE FORM

The purpose of this form is to let you specify the method the University of Wisconsin Superior Search and Screen Committee should use in communicating with you. We wish to respect your need for confidentiality.

Name: _____ Search No. _____

How do you wish correspondence addressed?

Your standard return address is:

_____	_____
_____	_____
_____	_____

Do you prefer email communication? If so, what is your email address?

May we use our standard return address? YES NO (If you circle NO, we will leave the return address blank.)

Do you want the envelope marked confidential? YES NO

Office phone number: () _____ Home phone number: () _____

May we call you at your office? YES NO (If yes, is there an individual with whom we can leave a message to return a call?)

Name _____ Phone number _____

Please feel free to give us any special instructions.

APPLICANT CONFIDENTIALITY PREFERENCE

In accordance with Wis. Stat. 19.36(7), the names of nominees and applicants who have not requested in writing that their identities be kept confidential, and of all finalists, will be released upon request.

Please check your preference:

You may reveal my name upon request: _____ I do not wish my identity revealed: _____

Notwithstanding my selected option above, I understand and accept that if my name appears on the final list of candidates, it will be released upon request.

Signature _____ Date _____

Return to: _____

