



## RELEASE OF CLAIMS

*This release may not be returned until after your last day of work and it should be returned within one week after that date to assure prompt payment. After your last day of employment, please sign this release and return it to the HR Services and Transitions Center, either via email attachment to [hrrservices@cornell.edu](mailto:hrrservices@cornell.edu), or via US Postal Service, to HR Services and Transitions Center, 395 Pine Tree Road, Suite 110, Ithaca, NY 14850.*

Cornell is providing me with payments under the VRI program to which I am not entitled without signing and returning this release to Cornell after my last day of employment.

By signing this release, I (and my heirs, executors, beneficiaries, legal representatives, and assigns), release and forever discharge Cornell, its predecessors, successors, affiliates, parents, subsidiaries, and related entities, and its and their past, present and future officers, trustees, employees, representatives, and agents, ("Releasees"), from any and all suits, claims, demands, interest, costs, expenses, actions and causes of action, rights, liabilities, obligations, promises, agreements, controversies, losses and debts, of any nature whatsoever, which I now have, own or hold, or at any time heretofore ever had, owned or held, or could have owned or held, whether known or unknown, suspected or unsuspected, from the beginning of the world to this date, including but not limited to all claims in law or equity, in a court or administrative or arbitration tribunal, arising out of or in connection with my Cornell employment, any claims arising under Title VII of the Civil Rights Act of 1964, as amended,) the Employee Retirement Income Security Act, as amended, the Americans with Disabilities Act, as amended, the Family and Medical Leave Act, as amended, New York State Human Rights Law (Executive Law § 296 *et seq.*), and any other federal, state or local statutory, common law or other claims of any nature whatsoever.

By signing this release, I agree that I (and my heirs, executors, beneficiaries, legal representatives and assigns, individually and/or in their beneficial capacity), agree not to bring against any of the Releasees any lawsuit with respect to any claim of any type arising or which may have existed at any time prior to the date that I return this release to Cornell.

I understand that while I may file a charge at or participate in any investigation by any federal, state, or local agency, I agree to waive the right to any monetary recovery should any agency pursue any claim of any type on my behalf.

### EMPLOYEE ACKNOWLEDGMENT

I have read and fully understand the contents of this release, and I agree to its terms. I am signing this release voluntarily, free of any duress, and with full understanding of its consequences. I acknowledge that Cornell has advised me to consult with an attorney regarding the VRI program and this release.

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DATE

EMPLOYEE NAME

SIGNATURE