

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I hereby request and authorize you to furnish the CITY OF SMITHVILLE with any and all information they may request concerning my work record, educational and training record, military record, financial status, criminal record, and general reputation.

This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment or volunteer efforts with the City of Smithville.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve the City of Smithville.

APPLICANT'S SIGNATURE: _____

APPLICANT'S PRINTED NAME: _____

DOB: _____ DATE: _____

WITNESS PRINTED NAME: _____

WITNESS SIGNATURE: _____