

AUTHORITY FOR RELEASE OF INFORMATION

Name: _____			SSN: _____		
Last	First	Middle			
Date of Birth: _____		Place of Birth: _____			
		City	County	State	Country
Sex: _____	Race: _____	Driver's License Number: _____	State of Issue: _____		

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to ANY duly authorized agent of the City of McCall whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial institutions or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed, records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, where so ever located and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in a case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the City of McCall to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of McCall. I understand that all materials pertaining to this background investigation becomes the property of the City of McCall and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against any claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

If the applicant is under the age of eighteen years, this authorization must also be signed by the applicant's parent or legal guardian in the presence of a Notary Public.

MUST BE SIGNED IN THE PRESENCE OF A WITNESS:

Applicant Signature

Date

Witness

Parent /Guardian Signature (If applicant is under 18 yrs)

Date