



WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I, (Print Full Name) \_\_\_\_\_, hereby authorize you to furnish the City of Dillingham, its officers, employees and representatives, with information that you have concerning my employment records, complaints and grievances, my employment performance evaluations, my work related medical records, my military service records, my credit rating, driver license and criminal history. Information of a confidential or privileged nature may be provided, as it will relate to my ability to perform assigned duties in relations with the public and fellow employees. Your information will be used to assist in determining my qualifications and fitness for employment I am seeking with the City of Dillingham.

I hereby release you, your organization, the City of Dillingham, its officers, employees and representatives from all liability or damage whatsoever incurred in furnishing such information requested.

A photocopy or fax reproduction of this release shall be for all intents and purposes as valid as the original. You may retain this form in your file.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature                      Date                      Date of Birth

\_\_\_\_\_  
Social Security Number                      Drivers License #                      State

SIGNED and SWORN to before me on \_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_  
Date