

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I, Hereby request and authorize you to furnish the City of Brownwood with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical conditions.

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 with the City of Brownwood.

I hereby release from all liability and/or damages the City of Brownwood and those individuals, corporations, or organizations, who provide such information. I understand any such information provided shall become the exclusive property of the City of Brownwood.

Applicant's Printed Name: _____

Applicant's Signature _____

Date _____

NOTE: THIS FORM WILL BE RETAINED IN YOUR FILE.