

**Authority for Release of Information and Waiver**

I, \_\_\_\_\_ do hereby authorize a review of full disclosure of all records concerning myself to any duly authorized agent of the City of Sturgeon, whether the said records are of a public, private or confidential nature. I understand that such request could result, directly or indirectly, in the release of negative information, any part of which could be included in my personal history profile.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans; employment and re-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; the results of any polygraph examinations and the records and recollections of attorney at law, or civil, in which I presently have, or have had an interest. I hereby waive the attorney-client privilege of confidentiality for any attorney with whom I have/hold such privilege.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon its release authorization will be considered in determining my suitability for employment by the City of Sturgeon. I understand that all materials pertaining to this background investigation become the property of the City of Sturgeon and will not be returned to me. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in anyway; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

\_\_\_\_\_  
Full Name (Print, include maiden name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone (include area code)

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.