

CITY OF ALPINE

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby request and authorize you to furnish to the City of Alpine, any and all information they may request concerning work record, educational history, military record, financial status, criminal record, general reputation and past and present medical conditions. This authorization is intended to include any and all information and documents of a confidential or privileged nature as well as photocopies of such documents if requested. This information will be used for the purpose of determining my eligibility for employment.

I hereby release you and your organization from any liability which may or could result from furnishing the requested information or from any subsequent use of such information in determining my qualifications for employment.

SIGNATURE OF PERSON AUTHORIZING RELEASE OF INFORMATION

DATE

Sworn to and subscribed before me this the _____ day of _____

Notary Public in and for State of Texas

PRINTED NAME OF NOTARY

SIGNATURE OF NOTARY

Date My Commission Expires

APPLICANT'S INFORMATION:

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

NOTE: A COPY OF THIS RELEASE WILL BE RETAINED IN YOUR RECORDS