CITY OF ALPINE AUTHORIZATION FOR RELEASE OF INFORMATION

City of Alpine, any and all info history, military record, finance medical conditions. This auth documents of a confidential of	, hereby request a prmation they may request cor ial status, criminal record, ger orization is intended to include or privileged nature as well as vill be sued for the purpose of	ncerning work rec neral reputation and any and all infor photocopies of su	ord, educational and past and present mation and characteristics.
• •	r organization from any liability mation or from any subseque for employment.	•	
SIGNATURE OF PERSON AUT	HORIZING RELEASE OF INFOR		DATE
Sworn to and subscribed before me this the day of			
Notary Public in and for State	- Or Texas		
SIGNATURE OF NOTARY		Date My C	ommission 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