



AUTHORIZATION TO RELEASE INFORMATION

TO: All Past Employers and References

I hereby request and authorize you to furnish the City of Morrow with any and all information that they may request concerning my work record, educational history, military record, financial status, criminal record, and all other requested data. This authorization is specifically intended to include any and all documents of the confidential or privilege 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 Morrow.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above, or from any subsequent use of such information in determining my qualifications to serve as a City of Morrow employee. This release will expire 120 days after the date signed.

Name Printed: _____

Signature: _____

Date: _____

State of _____

County of _____

On _____, 20____, _____ personally appeared before me,

_____ Who is personally known to me

_____ Whose identity I proved on the basis of _____

_____ Whose identity I proved on the oath/affirmation of

_____, a credible witness to be the signer of the above instrument, and he/she acknowledges that he/she signed it.

Notary Public Signature

Seal: