

CITY OF CONCORD AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Concord, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of commercial or retail credit agencies, (including the records of loans and credit reports/ratings); and other financial statements and/or employment records wherever filed. This includes employment and pre-employment records, background reports, Department of Motor Vehicle record check, internet social networking sites, complaints or grievances filed by or against me and the records and recollections of attorneys at law, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Concord. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; 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 or facsimile transmission of this release form will be considered valid as an original thereof, even though the said photocopy or facsimile transmission may not contain an original signature.

Full Name: _____ **Prior Names Used:** _____

Date of Birth: _____ **Driver's License or State Issued ID No.:** _____

Street Address: _____ **City/State/Zip Code:** _____

Phone Number: _____

Please list any former addresses within the last 7 years, if applicable:

Signature of Applicant: _____ **Date:** _____

NOTARY

State of _____

County of _____

I, the undersigned Notary Public of _____ County and State of _____, certify that _____ personally came before me this day and willingly acknowledged the due execution of the foregoing instrument for the purposes therein expressed.

Witness my hand and official stamp or seal this _____ day of _____, 20____.

My commission expires:

Notary Public

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Social Security Number: _____