400 N Mill St
PO Box 229
Colfax, WA 99111

AUTHORIZATION TO RELEASE INFORMATION

NAME: _____
LAST FIRST MIDDLE

OTHER NAMES USED: _____
(A.K.A.'S, Prior Marriages, Maiden Names)

BIRTHDATE: _____-_____-_____ SOCIAL SECURITY NUMBER: _____-___-_____

TO WHOM IT MAY CONCERN:

As an applicant for a position with The City of Colfax, I am required to furnish information used to determine my qualification. In this connection, I authorize the disclosure and release of any and all information that you may have concerning me, including information of a confidential or privileged nature, or any data or material which may have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters. This includes, but is not limited to, the release of employment files; personnel records; background files; disciplinary records; any and all internal affairs investigations, complaints or grievances filed by or against me; training files; arrest, criminal, probation and driving records; polygraph examinations; military, financial, credit, academic and/or other records. This also includes photocopies of the above material.

I understand that I will not receive and am not entitled to know the contents of confidential reports received and I further understand that these reports are privileged.

I hereby release, indemnify and hold harmless, you, your organization, its agents and representatives, and any person furnishing information, form any and all liability and/or damage which may result from furnishing the above information. A photocopy of this release is to be considered as valid as an original. This release will expire one year after the date signed.

Applicant Signature: _____ Date: _____

NOTARY PUBLIC USE ONLY

Subscribed and sworn before me on this _____ day of _____, 20_____.

Notary Public for the State of: _____ My commission expires: _____

Notary Signature: _____ Date: _____