

AUTHORIZATION TO RELEASE INFORMATION

City of Colstrip Police Department

Name of Applicant _____
Date of Birth _____
Social Security Number _____

As an applicant for a position with the City of Colstrip, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will NOT release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigation of my suitability for law enforcement employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies and all others to furnish the City of Colstrip any and all information they may have concerning me.

I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant _____ Date _____

(For use by notary)

_____ (Signed)

Name _____ (Printed)

Notary Public for the State of _____

Residing at _____

My Commission Expires _____