



## Town of Harrison

### AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish the Town of Harrison with any and all information they may request concerning my work record, educational history, military record, financial status, criminal or driving record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment by the Town of Harrison.

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 Town of Harrison employee. This release will expire sixty (60) days after the date signed.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_

Note to potential employee: In order to facilitate access to requested background information, please provide your Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ and Driver's License Number: \_\_\_\_\_.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_