

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

Having made application for employment with the **City Of Gallup**, it is my understanding that a comprehensive investigation of my background may be conducted as a result of this application.

I, _____, do hereby authorize any official or authorized representative of the **City Of Gallup** bearing this release, or copy thereof, to have access to any file/s or to obtain any information pertaining to my employment, military, credit or educational history including, but not limited to, academic achievement, attendance, athletics, personal history, disciplinary records, and medical records. I hereby direct the release of such information upon the request of the bearer of this authorization.

I hereby release the custodian of such records, any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, previous employers or retail business establishment including its officers, employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time effect me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I have voluntarily furnished my Social Security Number, understanding that I am in no way compelled to do so by Federal Statute or State Regulation. The Social Security Number is made available only for facilitating the availability of information concerning me with regard to my application for employment with the **City Of Gallup**.

This AUTHORITY TO RELEASE INFORMATION is executed with full knowledge and understanding that the information to be obtained is for the official use of the **City Of Gallup**, and consent is granted to the **City Of Gallup** to furnish any information to third parties in the course of fulfilling its official responsibilities.

Date _____

Full Name (Signature)

Social Security Number: _____ - _____ - _____

Full Name (Printed)

Current Address: _____

Date of Birth: _____

Telephone: (_____) _____

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

County of _____

My commission expires: _____

Notary Public