NORCROSS
a place to imagine

Authority for Release of Information

To Whom It May Concern:

I respectfully request and authorize you to furnish the City of Norcross any and all information or records, including those of a confidential or privileged nature, you may have concerning me. This includes police records, school records, driving history, financial and credit status records, work records, medical and mental health records, drug testing results from prior employers, and other information or records requested. I understand that this information and records will be used to assist the City of Norcross in determining my qualification and fitness for the position or authority I am seeking and any position or authority I may currently or subsequently hold with the City.

Intending to be legally bound hereby, I release you, your organization, and others contacted from any liability or damage which may result from furnishing the information or records requested. Photocopies or electronic facsimiles of this authorization carry the same authority as the original.

I agree to execute any other releases, consents, acknowledgements or other appropriate forms necessary to effectuate the purpose and intent of this waiver.

_____ _____ _____
Print Name Date of Birth Social Security Number

_____ _____
Current Address City State Zip

_____ _____
Signature (Sign in the presence of a Notary Public) Date

Before me personally appeared _____who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her own free will and accord.

Subscribed to me in my presence this _____day of _____, 20____.
My commission expires:_____

_____
Notary Public