

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ do hereby authorized a review and full disclosure of all records concerning myself to any authorized employee of the City of Kingsport Human Resource Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, web-based social network sites financial and credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reporting and/or rating) and other financial statements and records wherever filed; medical and psychiatric treatment; employment and pre-employment records, including background reports, efficiency rating, complaints or grievances filed by or against me, and records of law suits, criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or in *part*, upon this release authorization will be considered in determining my suitability for volunteer work by the Human Resource Department.

I also certify that any persons who may furnish such information concerning me shall not be held accountable for giving this information and I do hereby release said persons from all liability which may be incurred because of furnishing such information. I further release the Human Resource Department and the City of Kingsport from all liability which may be incurred because of collecting such information.

I have read and fully understand the contents of this authorization for release of information.

Full Name of Applicant

Signature of Applicant

Maiden Name (If applicable)

Date of Birth

Street Address, City, State and Zip Code

Social Security Number

Driver's License Number/State

Expiration Date

Area code and Phone Number

Date

Witness: