



## WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

\*\*\*This form must be notarized prior to being turned in\*\*\*

### TO WHOM IT MAY CONCERN:

In exchange for the consideration by the City of Pasco of my application for employment, I authorize you to provide to the City of Pasco any and all information you might have concerning me, my work record, my reputation, my military service record, and my financial status, including any information that may be deemed confidential or privileged. This information is necessary to determine my qualifications and fitness for the position which I am seeking with the City of Pasco.

I understand my rights under Title 5, United States Code, Section 552(a), the "Privacy Act of 1974", and waive those rights with the understanding that information furnished will be used by the City of Pasco in conjunction with the application and future employment with the City of Pasco.

I further release the provider of this information from any and all liability or damages which may result from the furnishing of the information requested above.

I further authorize the release of any information received by the City of Pasco in the evaluation of my application (including the release of all test results) for employment to licensed mental and physical health care providers and agencies as needed.

I further agree that a photocopy reproduction of this Waiver and Authorization to Release Information shall for all intents and purposes be treated as an original. This Waiver and Authorization shall be valid for a period of one hundred and eighty (180) days from the date written below.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Applicant:

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public in and for the State of residence.

Residing in \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Initial this page to indicate that you have read the instructions: \_\_\_\_\_