

Department Requesting:

City of Clintonville
Authorization for Release of Information
For official use only, not for release to unauthorized persons

I hereby empower an employee of the City of Clintonville, or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal Law Enforcement Agencies
2. Selective Service System
3. Any banking institution
4. Any place of business for purposes of obtaining credit or employment data
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any office, clinic, sanatorium or hospital where illnesses, injuries, and/or deterioration (physical and/or mental in nature) are diagnosed and treated.

I hereby release any Municipal, State, or Federal Law Enforcement Agency, individual or institution, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization

1. _____
2. _____

Signature

Date

Printed Name (With Middle Initial) _____

Address _____

City, State, Zip _____

Date of Birth _____

Place of Birth _____

Date _____