

City of Saginaw

Authority for Release of Information and Waiver

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Saginaw, whether the said records are of a public, private or confidential nature. **VJ IS'CWJ QTK CVIQP IS NOT TO INCLUDE ANY MEDICALLY RELATED HISTORY'QT'Y QTMGTU COMPENSATION CLAIMS.**

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports or efficiency ratings.

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 employment by the City of Saginaw. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Applicant's Printed Full Name: _____

Address City State Zip

Area Code and Phone Number Social Security Number

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the ____ day of _____, _____

in _____ county, in the state of _____.

Notary Seal

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____