VERNONIA POLICE DEPEARTMENT
AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the City of Vernonia with any and all information that you may have concerning me, my employment (work), and educational records, my reputation, and my financial and credit status. Your cooperation in this reply will be used to assist the City in determining my qualifications and fitness for the position I am seeking with the City of Vernonia.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Date: _____

Applicant's Signature: _____

(Please print your name): _____

State of _____)
) ss.
County of _____)

Acknowledged and subscribed to before me on this day _____ of _____, 20___ by

_____.
(Name of person)

_____
Notary Public
Commission Expires: _____

I hereby authorize the release of my Military Service Records (including medical, physical and mental records and reports) to the City of Vernonia, Oregon.

Date: _____ Signature: _____

Selective Service Number: _____

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your file.