

CITY OF LEAVENWORTH

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the City of Leavenworth with any and all information that you have concerning me, my work, my reputation, my driving record, my criminal history record, including any arrest records, any information contained in investigatory files, any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed, my military service records, and my financial status.

Information of a confidential or privileged nature may be included. Your reply will be used to assist the City of Leavenworth in determining my qualifications and fitness for the position I am seeking with the City.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive these rights with the understanding that information furnished will be used by the City of Leavenworth in conjunction with employment procedures. I also understand that should information of a serious criminal nature arise during the pre-employment process, such information may be turned over to the proper authorities.

I will make no attempt to gain access to the information provided by you to the City of Leavenworth in conjunction with this pre-employment process and hereby expressly waive any rights I may have to request the disclosure of information provided by you to the City of Leavenworth and/or its agencies or divisions in conjunction with the pre-employment procedures.

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

A photocopy of this authorization shall be as valid as the original.

To be completed by the applicant:

(Print Name)	FIRST	MIDDLE	LAST
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(OTHER NAMES YOU HAVE BEEN KNOWN BY, INCLUDING MARRIAGE/NICKNAMES)

(Address)	CITY	STATE	ZIP CODE
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SOCIAL SECURITY NUMBER	DATE OF BIRTH
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SIGNATURE	DATE
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