

CITY OF PRINCETON

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize any representative of the City of Princeton to obtain information relating to my employment and personal background including, but not limited to, job performance, academic, athletic, achievements, attendance, personal history, disciplinary action, medical, criminal, credit or any other records or information regarding me. I hereby direct that such information and records be released upon request of a representative of the City of Princeton. This release executed with the full knowledge and understanding that the information is for the official use of the City of Princeton. Further, consent is granted to the City of Princeton to furnish the information described herein to parties in the course of the City of Princeton fulfilling its official responsibilities with regard to my application for employment. I hereby release the City of Princeton, any other institution, establishment or entity, including its officers, employees and related persons, both individually and collectively, who furnish records and information pursuant to this release, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information. Should there be any question as to the validity of this Authorization, you may contact me as indicated below:

Full Name: _____
(Typed or Printed)

Current Address: _____

Social Security No: _____

Driver's License No: _____

Telephone No.: _____ Date: _____

(Signature)

STATE OF WEST VIRGINIA

COUNTY OF MERCER, TO-WIT:

Taken, subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission expires: _____

(NOTARIAL SEAL)

Notary Public