

AUTHORIZATION FOR
RELEASE OF INFORMATION

I hereby authorize the City of Warren to make such investigation and inquiries of my personal, previous employment, financial, or medical history and other related matters they deem necessary for consideration of my application of employment.

I hereby release employers, schools, or persons from all liability in responding to inquiries regarding my application.

Print Name _____
Applicant

Signed _____
Applicant

Dated _____

*Any additional information relative to a different name necessary to check work record.