AUTORIZATION TO RELEASE INFORMATION

TO

CITY OF LEWISTOWN, MONTANA

I am an applicant for a position with the City of Lewistown. I am required to furnish information which the City of Lewistown may use in determining my moral, physical and mental qualifications. In this connection, I hereby expressly authorize release of any and all information which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the City of Lewistown with which I am seeking employment and any organization, company, institutions or person furnishing information to the City of Lewistown as expressly authorized above, from any liability for damage which may result from furnishing the information requested.

Date: _____20_____

_____
Signature

_____
Guardian's Signature
For those under 18 years of age

Print Full Name: _____

Present Address: _____
(Street)

_____
(City) (State) (Zip)

SSN: _____

DOB: _____