

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Whittier, I have been asked to furnish information for use in reviewing my background and qualifications. For this purpose, I hereby authorize the investigation of my past and present work, character, education, military and police records to ascertain any and all information that may be pertinent to my employment qualifications.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files.

I, _____, do hereby authorize Driver Services of the
(Last name, first, MI)

Department of Motor Vehicles to release my driving record to City of Whittier or its agents.

Drivers' license number: _____

State: _____

Applicant signature

Date

Applicant name (print)

APPLICANT'S SIGNATURE MUST BE WITNESSED.

Witness signature

Date

Witness name/title (print)