



AUTHORIZATION

For Release of Personal Data Record Information

Date:

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

Applicant's Full Name: _____

Signature: _____

Date of Birth: _____

Print Former Name if any: _____