



RELEASE OF INFORMATION AUTHORIZATION

Background Investigations

To Whom It May Concern:

I hereby authorize any representative of the City of Mason bearing this release to obtain information from your files or other sources pertaining to my personal background.

I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for official use by the City of Mason and is to be used only as part of a background investigation.

I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, 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 for Release of Information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

Full Name	Social Security Number	Date of Birth
Email Address		Telephone Number
Current Address		
Date	Signature	