



Office of the Mayor

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Jim Barker
Safety Director

Bruce Hardy
Service Director

GRANT OF AUTHORITY TO RELEASE PERSONAL INFORMATION

TO: *US Armed Forces; Maritime Services; any academic dean, registrar, guidance counselor, or authorized person at any institution of higher education, trade school, elementary or secondary school; any local, state, federal law enforcement entity; any present or former employer of the person named below; the US Selective Service System; any friend or associate of the person named below.*

I have applied for employment with the **City of Findlay, Ohio**. I am aware that my background is to be investigated thoroughly; and I pledge to cooperate completely with the background screening process. I acknowledge that the **City of Findlay** will conduct the background screening process.

I hereby authorize the release of any and all information which you might have concerning me; including, but not limited to, my employment, military, criminal, and educational history; and any other records relating to my personal history. I also authorize you to release any information upon the request of the bearer or sender of this document. I acknowledge that the information which you might provide is for the official use of the City of Findlay, which is authorized to furnish the information obtained to third parties in the course of fulfilling the City's duties.

I hereby release you as custodian of such records or information, and any employer, educational institution training provider, or other repository of military records, officers, employees, and related personnel, individually or collectively, from any and all liability for damages, which might accrue to me, my heirs, assigns, or associates, because of compliance with this authorization. I hereby agree to hold harmless any person who reveals to the City of Findlay any information which is truthful and not given with malicious intent.

(Applicant signature) _____
(Printed name)

Date of birth: _____

Social Security number: _____

Current residence address: _____
(street address)

(city/state/zip)



STATE of OHIO
COUNTY of _____

This day _____ **personally appeared before me**
and acknowledged his/her statement and signature, which was executed in my presence.

DATE: _____

Notary Public Signature [and seal]