



AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any authorized representative of North Bay Village bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records or educational records including, but not limited to, achievement, attendance, personal history, and disciplinary records; medical records; credit records; and criminal history records. I hereby direct you to release such information at the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of North Bay Village. Consent is granted to the City of North Bay Village to furnish such information, as is described above, to third parties while fulfilling their official responsibilities.

I understand that, as a condition of my consideration for employment/volunteering with the City of North Bay Village, or as a condition of my continued employment/volunteering with the City of North Bay Village, the Village may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, Division of Motor Vehicles records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the City of North Bay Village's procurement of such a report. I understand that, pursuant to the Federal Fair Credit Reporting Act, the City of North Bay Village will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment/volunteering with the City of North Bay Village. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I hereby release you, as the custodian of such records, and employer, educational records, credit bureau or consumer reporting agency, including its officers, employees or 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 and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

FULL NAME: _____
(Print) (Signature)

CURRENT ADDRESS: _____

TELEPHONE #: _____ **DRIVERS LICENSE NO.** _____

DATE OF BIRTH: _____ **DATE:** _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS:

_____ DAY OF _____, 20____

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

PRINT, TYPE OR STAMP NAME OF NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

- Personally known to me, or
- Produced Identification _____ (Type of Identification)