

City of Richland Release and Waiver

To Whom It May Concern:

I hereby authorize the City of Richland or other authorized representative of the City of Richland bearing this release, or a copy of it, within one year of its date, to obtain any information in your files pertaining to my employment, including but not limited to, documents concerning my credit history or education, academic achievement, attendance, athletics, personal history, military history, work performance, background investigations, polygraph examinations, and any and all internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby direct you to release this information upon 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 Richland and for employment purposes only.

Consent is granted for the City of Richland and its designee, to furnish the information described above to third parties in the course of fulfilling their official responsibilities. I hereby release and/or hold harmless the City of Richland and any employer presented with this waiver for furnishing the information as requested for the purposes of considering my application for employment with the City of Richland. I further understand and agree that I waive any right or opportunity to read or review any information provided during the background investigation to the City of Richland.

I hereby release you, as my employer, former employer or representative of either of them and any school, college, university, or other education institution, credit bureau, lending institution, consumer reporting agency or retail business establishment, including any of their officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it.

Name (Last, First, Middle) (PLEASE PRINT)	Sex	Date of Birth SSN
Current Address, City, State, Zip		
Phone Number: Daytime ()	Evening ()	Driver's License No. State of Issue
Signature		Date

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn to before me this _____ day
of _____, _____, the undersigned, a notary public
in and for the State of Washington.

(S E A L)

Notary Public

My commission expires: _____.