

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, have applied to the City of Canton for the position of _____.

I hereby authorize the City of Canton through its employees, to conduct a background information investigation pertaining to my personal history.

I am aware of, and consent to, my personal, professional and medical background being investigated in order to determine my suitability for employment with the City of Canton. I understand in conducting a background investigation, that employees of the City of Canton may be making inquiries of schools which I have attended; physicians and other persons who may have examined or treated me for physical or other types of illness or injury; police or court records pertaining to any arrest or conviction; credit bureaus and/or other entities who may have information regarding my credit record and/or financial standing; present and previous employers and other persons who may be able to provide information about me. Such inquiries will also include a records search of documents available on OPEN online, an internet computer service.

By my signature below, I request and authorize the disclosure of the information described above. I hereby expressly release and waive the provider of the information, as well as the City of Canton and any of its employees or agents, from any liability, which may arise out of the release of, or inspection of such documents, records and other information relating to the investigation made by or on behalf of the City of Canton.

I recognize the right of the City of Canton to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent, the names of such confidential sources and the information obtained therefrom. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules

I understand that authorizing the disclosure of this information is voluntary. I understand that I may revoke this authorization to release information in writing at any time, except to the extent that action has been taken in reliance thereon. I understand that by revoking this authority, my application for employment with the City of Canton is withdrawn.

Signature of Applicant

Date

Printed Name of Applicant

Witness

Witness