## CITY OF ROCKY RIVER

## **Authorization to Release Information**

**Employees** 

1.				
Last Name	Last Name		ame	Middle Name
Inc., to conduct a compliniformation in my employ criminal history records, it those which may be deem disclosures, and recognize Information appearing on and for the release of informate true, correct, and conterview in the knowledge information that may be re-	ete and thorough yment application n accordance with ed to be privilege e that I, as the app this Authorization ymation which with complete answers ge that they will be equested to process Records, Inc., to	background investigned from all sources of en all discrimination land or confidential in national in a serve the riginal will be used exclusional be considered in deand statements on material representation of the properties of the server in the properties of the server in the serv	gation on me including b mployment, education, m ws, whether the said record ature, and I release all pers ht to dispute any findings a vely by <b>IntelliCorp Reco</b> etermining any suitability by y employment application dering application for empl plication. I authorize with	orized agent of <b>IntelliCorp Records</b> ut not limited to verification of all otor vehicle, personal character and is are public or private, and including ons from liability on account of such and/or information that is disclosed ords, <b>Inc.</b> , for identification purposes for employment. I certify that I haven, any supplements to it and in any oyment. I agree to provide additional out reservation, any party or agency his authorization is valid during the
<del>-</del>	authorize immedi	ate inquiries to the H	uman Resources Departm	er for Employment and Reference nent and to any listed supervisors of
on me which <b>IntelliCorp</b> I understand and agree the supplements to it and in employment.	Records, Inc., hat any omission, far any interviews	as previously furnishalse statement, mislea will be sufficient gro	ding statement, or answer rounds for rejection of en	ion, and the recipients of any reports eriod preceding my request.  made by me on my application or any inployment and my discharge after
Current Street Address	City	State	Zip Code	
Current E-mail Address (may be u	sed for official correspon	ndence)		
Addresses for the Past Seven Year	s:			Dates of Residence:
Street Address	City	State	Zip Code	
Street Address	City	State	Zip Code	
Street Address	City	State	Zip Code	
Date of Birth	_	Other Names Used (including maiden name)		Years Used
Social Security Number		Driver's License #		State
Printed Name		Signature		Date