

AUTHORIZATION FOR RELEASE OF DATA

I authorize the City of Plainview (City) and its representatives to make an investigation of any

information contained in my application and/or supplemental ma for the position of I aut	aterials I have submitted in consideration horize and request that my past and
present employers and educational institutions release any data of	
educational background to the City that the City requests verbal	
The data obtained will be used by the City to evaluate my qualif disclosed to elected and appointed officials and employees of th reasonably require access during the hiring process; enforcement persons/entities authorized by law or court order.	e City whose work assignments
To the fullest extent permitted by law, I release my past or prese from responsibility for any harm or damages that I may experience compliance with this authorization.	
I understand that I am voluntarily asking my past or present emprelease the data and I am not legally required to sign this authoribe unable to adequately evaluate my qualifications for employments.	ization, but if I do not do so, the City may
I also understand that although the data may be classified as priveducational institutions, the classification and treatment of the dependent on laws or policies that apply to the City.	
This authorization is valid for one year from the date below or u whichever occurs first. This authorization may be withdrawn by withdrawal does not affect the validity of disclosures made prior of this release is valid for all purposes as an original.	y notifying the City in writing, but such
Full Legal Name	
Signature	Date