CITY OF JANESVILLE
AUTHORIZATION FOR RELEASE OF INFORMATION

Name_____
(Last) (First) (Middle)

Maiden Name, Alias, or Former Name(s):_____

Social Security Number _____ Gender: ___ Male ___ Female

Driver's License Number_____DL Class_____

State Where Issued_____

Date of Birth_____Phone # _____

Home Address_____

City/State/ZIP _____ County_____

I authorize and grant by informed consent to permit the City of Janesville and its agents and/or representatives the right and authority to collect data classified as private which concerns me. The data which I authorize to be released includes private data as defined by Minnesota Statute 13.02, Subd. 12. I fully understand that this data is to be used in conjunction with any background investigation by the City of Janesville pursuant to my application for employment or as a volunteer. I further authorize the City of Janesville to perform an investigation of my driving record and my criminal background with local, state, and federal law enforcement agencies.

This authorization is valid for one (1) year; however, I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice of my intent, to the City of Janesville.

_____ _____
(Signature - Full Name) Date

_____
Expiration Date of Release

Please Forward Information To:

Clinton Rogers, Administrator
City of Janesville
101 North Mott
PO Box O
Janesville, MN 56048-0617

Subscribed and sworn before me this _____ day

of _____, _____.

_____
Notary