



City of Robinson

111 W. Lyndale, Robinson, TX 76706-5619
Phone (254) 662-1415 ♦ Fax (254) 662-1035

AUTHORITY FOR RELEASE OF INFORMATION AND WAIVER

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Robinson, whether the said records are of a public, private, or a confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the United States Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Robinson. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Further, by affixing my signature, I fully agree without any reservation and/or condition whatsoever to relinquish any and all right of access to any material obtained as a result of the execution of this document.

Signature (including maiden name)

Printed Name

Address

Social Security Number

City State Zip Code

() _____
Area Code Phone Number