

AUTHORITY FOR RELEASE OF INFORMATION

I, _____, residing in _____,
Birth Date _____, Last 4 Digits of Your Social Security # _____

Having filed an application for employment with the County of Dukes County for a position as _____ consent to have an investigation made as to my moral character, reputation, and fitness for the position to which I have applied and such information as may be received reported to the appointing authority. I agree to give any further information, which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the County of Dukes County any such information including documents, records, files regarding any other pertinent data and to permit the County of Dukes County or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge and hold harmless the County of Dukes County, its agents, and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on the behalf of the County of Dukes County.

This authorization shall continue for one year unless sooner revoked in writing by the undersigned.

Signature

Witness

Date