



City of Brillion

AUTHORIZATION FOR RELEASE OF INFORMATION (For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the City of Brillion or other authorized representative thereof bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions maintaining individual credit rating files.
6. Any previous employer
7. Present employer
8. Any school, college, university or other educational institution
9. Any law enforcement or jail officer

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a condition offer of employment (per Americans With Disabilities Act).
2. _____
3. _____

This release is executed to authorize The City of Brillion, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Date	Full Name (Signature)			
Date of Birth	Full Name (Print)			
	Address (Street and Number)			
	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">City</td> <td style="width: 33%; text-align: center;">State</td> <td style="width: 33%; text-align: center;">Zip</td> </tr> </table>	City	State	Zip
City	State	Zip		

Witness Name (Print)	Witness Name (Signature)
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