

**CITY OF PROSSER, WA**  
**AUTHORITY FOR RELEASE OF INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME	
PLACE OF BIRTH CITY OR COUNTY	STATE	COUNTRY	
SSN:	SEX	RACE	DATE OF BIRTH (MM/DD/YYYY)

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the City of Prosser, whether the said records are of public, private or 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 deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies ( including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any actions 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 Prosser. I understand that all materials pertaining to this background investigation becomes the property of the City of Prosser and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of, or by reason of, complying with this request . It is further understood that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original

writing of my signature.

---

SIGNATURE

DATE

---

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_by

\_\_\_\_\_.

---

Notary Public

Commission expires: \_\_\_\_\_