

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____

DEPARTMENT APPLYING TO: _____
POSITION _____ FULL OR PART TIME _____

I, _____, having made application with the Town of Hamburg for employment, do hereby authorize the Town of Hamburg Public Safety Department or Police Department, to obtain any records or information regarding my employment application, said information will include but not to be limited to conviction records, unresolved criminal charges, reference information and school records.

Signature

Address

Date of Birth

Social Security Number

State of New York
County of Erie

On this _____ day of _____, 20_____
Before me personally appeared _____ to me known
and known to me to be the same person described in and who executed the
foregoing instrument, and _____ he duly acknowledged to me that _____ he executed
the same.

Revised 9/20/13

NOTE: A COPY OF DRIVER'S LICENSE IS TO BE ATTACHED