WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION

This form shall be completed and returned to the City of Munising.

Last Name:	First Name:	Middle Name:	Suffix (Jr, Sr, III):	
Other Name(s) Known By (Including Aliases, by Marriage, or Legal Name Change)				
Social Security No.*:	Date of Birth:	Phone No.:	Gender‡:	Race‡:
Residence Address (Street, City, State, Zip):			Highest Degree:	
Drivers License No.:	Issuing State:	E-Mail Address:		

I hereby authorize any individual, agency or organization to furnish to the City of Munising and their representatives and/or agents all information pertaining to my background and ability to comply with the standards for selection, employment, and training. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic attendance and driving records; and pertinent medical records.

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the City of Munising.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A completed and signed photocopy or electronic copy of this Authorization shall have the same force as the original.

Applicant Signature:_____ **Date**:_____