AUTHORIZATION OF RELEASE

TO WHOM IT MAY CONCERN:
I hereby authorize any authorized representative of the City of Hendersonville, bearing this release, or copy thereof, within two years of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Hendersonville to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, the City of Hendersonville and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may any time result in me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature: _____ Today's Date: _____

Full Name: _____

Parent or Guardian (only if a minor): _____

Driver's License Number: _____ State of Issue: _____

Last 4 digits of Candidate's SS#: _____