



City of Sansom Park

5705 Azle Avenue
Fort Worth, Texas 76114
Phone (817) 626-3791
Fax (817) 626-0023

AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern:

I, _____, hereby request and authorize you to furnish the City of Sansom Park with any and all information they may request concerning my work record, education history, military record, criminal record, general reputation and past and present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such information, if requested. This information will be used in determining my eligibility for employment with the City of Sansom Park.

I hereby release you and your organization from all liabilities, which may or could result from furnishing this information requested above or from any subsequent use of such information in determining my qualification to serve as an employee of the City of Sansom Park.

Signed: _____

Date: _____, 20__

Subscribed and sworn before me on this _____ day of _____, 20__

Notary: _____

Notary public in and for the State of Texas.

SEAL

Commission expires: _____