

**GRANT OF AUTHORITY TO RELEASE PERSONAL INFORMATION**

**TO: US Armed Forces; Maritime Services; any academic dean, registrar, guidance counselor, or authorized person at any institution of higher education, trade school, elementary or secondary school; any local, state, federal law enforcement entity; any current or former employer of the person named below; the US Selective Service System; any friend or associate of the person named below.**

I have applied for employment with the **City of Huber Heights, Ohio**. I am aware that my background is to be investigated thoroughly; and I pledge to cooperate completely with the background screening process. I acknowledge that the **City of Huber Heights** will conduct the background screening process.

**I hereby authorize the release of any and all information which you might have concerning me; including, but not limited to, my employment, military, criminal, and educational history; and any other records relating to my personal [non-medical] history. I also authorize you to release any information upon the request of the bearer or sender of this document. I acknowledge that the information which you might provide is for the official use of the City of Huber Heights, which is authorized to furnish the information obtained to third parties in the course of fulfilling the City's duties.**

I hereby release you as custodian of such records or information, and any employer, educational institution training provider, or other repository of military records, officers, employees, and related personnel, individually or collectively, from any and all liability for damages, which might accrue to me, my heirs, assigns, or associates, because of compliance with this authorization. I hereby agree to hold harmless any person who reveals to the City of Huber Heights any information which is truthful and not given with malicious intent.

\_\_\_\_\_ (Applicant signature) \_\_\_\_\_ (Print full name)

**Date of birth:** \_\_\_\_\_ **Social Security number:** \_\_\_\_\_

**Current residence address:** \_\_\_\_\_ (street address)  
\_\_\_\_\_ (city/state/zip)

\*\*\*\*\*

**STATE of OHIO**  
**COUNTY of** \_\_\_\_\_

**This day** \_\_\_\_\_ **personally appeared before me and**  
[Applicant name]  
**acknowledged his/her statement and signature, which was executed in my presence.**

**DATE:** \_\_\_\_\_ **Notary Public Signature (and seal)**