AUTHORIZATION TO RELEASE INFORMATION

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone Number _____ Social Security Number_____

Drivers' License Number _____

TO WHOM IT MAY CONCERN:

I am an applicant for a Board/Commission with Manistee County, hereinafter referred to as "County". The County needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the County.

I hereby authorize any representative of the County bearing this Authorization to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the County, whether said records are of a public, private, or confidential nature. The intent of this Authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this Authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the County to consider in determining my suitability for employment with the County. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me; my work record; my background and reputation; my military service records; educational records; my financial status; my criminal conviction history record, including any felony arrest records, any information contained in investigatory files; efficiency ratings; complaints or grievances filed by or against me; the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest; attendance records; and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any State or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the County regardless of any agreement I may have made with you previously to the contrary. The organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the County's acceptance and processing of my application for appointment to a Board/Commission, I agree to hold the County, its agents and employees harmless from any and all claims and liability associated with my application for appointment to a Board/Commission or in any way connected with the decision whether or not to appoint me to a Board/Commission. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the County in conjunction with appointment procedures.

A photocopy or facsimile copy of this release form will be valid as an original thereof, even though the said photocopy or facsimile copy does not contain an original writing of my signature.

This waiver is valid for a period of _____ from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees from any and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

_____

Signature of Applicant

Dated: _____

_____

, Notary Public

_____ County, Michigan

My Commission Expires: _____