

City of McAllen
Authorization for Release of Information

I, the undersigned _____, hereby authorize the City of McAllen to obtain any information from my present or former employers and their employees and representatives relating to my employment and job performance. I hereby direct my present or former employers and their employees and their representatives to release such information upon request to the City of McAllen, either verbally or in writing. I understand that the information released is for use by the City of McAllen and may be disclosed to such third parties as the City deems necessary. I hereby fully waive any rights or claims I have or may have against my present and former employers and the City of McAllen and their officials, employees, representatives, and agents. I release, indemnify and hold harmless my present and former employers and the City of McAllen and their officials, employees, representatives, and agents from any and all liability claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, employment and pre-employment records (including background reports), efficiency ratings, complaints or grievances filed by or against me; and the records and 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.

I also certify that any person(s) who may furnish information concerning me shall not be held legally accountable for providing information in any way, and I do hereby release said person(s) from any and all liability, including liability for any negligent act of any party furnishing such information which may be incurred as a result of furnishing such information.

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

Name: _____ DOB: _____ SSN: _____
Address: _____ City, State, & Zip code: _____

Signature

Date

Witness

Date