

# CITY OF NORTH WILDWOOD

## AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you and then sign and date in ink.

I hereby authorize the CITY OF NORTH WILDWOOD to request background information from criminal agencies for the purpose of determining my eligibility for employment, volunteer work, or being involved in CITY OF NORTH WILDWOOD sponsored activities.

I further authorize the custodians of records and sources of information to release such information at the request of the Police Chief, City Administrator, or their designee, or other duly accredited representative of the CITY OF NORTH WILDWOOD regardless of any previous agreement to the contrary, and I further release such agents from any liability or claim whatsoever for releasing such information.

I understand that information released by records custodians and sources of information is for official use of the CITY OF NORTH WILDWOOD for the purposes provided in this form and may be disclosed only as authorized by law.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (PRINT FULL NAME) (OTHER NAMES/ALIASES) (DATE OF BIRTH)  
 OR MAIDEN NAME IF FEMALE

\_\_\_\_\_  
 (STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- \_\_\_\_\_  
 (HOME PHONE) (CELL PHONE) (SOCIAL SECURITY)

\_\_\_\_\_  
 DRIVER'S LICENSE NUMBER STATE OF ISSUE

This release, when presented by a City Administrator, their designee, or other duly authorized representative of the CITY OF NORTH WILDWOOD, will constitute my consent and authority to examine and obtain copies and abstract of records and to receive statement and information regarding my background.

X \_\_\_\_\_  
 APPLICANT SIGNATURE DATE

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 STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Note: All Applications must be notarized  
 to be eligible for consideration.

Initials \_\_\_\_\_