

AUTHORIZATION TO RELEASE INFORMATION AND WAIVER

I hereby authorize representatives of the City of Minot to obtain any information in my files pertaining to my driver's license records, criminal history records, education records; credit records; and personal history records.

I hereby direct you and release you, as the custodian of such records, and any school, college, university or other education institution, credit bureau or related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may be 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.

Should there be any questions as to the validity of this release, you may contact me as indicated below.

FULL NAME: _____
(Signature)

FULL NAME: _____
(Typed or Printed Name)

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

DATE: _____