

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

TO: City of Hickory

RE: _____

SSN: _____ DOB: _____

I, _____, hereby authorize the City of Hickory to furnish to: _____, or its representatives, any and all information which may be contained in my personnel file. I understand said personnel file may include but not be limited to work evaluations; disciplinary actions; complaints filed against me; complaints filed by me against supervisors, co-workers or customers; and results of drug and alcohol tests and/or evaluations and physicals.

I further authorize any addressee to accept a photostatic copy of this Authorization with the same force, effect, and release as the original and this Authorization is to remain in full force and effect until canceled by me in writing.

I further understand the information authorized for release may include information which is not favorable to me or the employment I am seeking.

I fully understand I am waiving my right to object to your releasing and providing such information by reason of it being personal, privileged information or on any other grounds and therefore agree to hold the City of Hickory harmless for releasing said information pursuant to my request as indicated above.

Dated this _____ day of _____, _____.

SIGNATURE

PRINTED NAME

NORTH CAROLINA }
_____ COUNTY }

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, _____.

(OFFICIAL SEAL)

Notary Public

My commission expires: _____, _____.