



COLUMBUS CONSOLIDATED GOVERNMENT

HUMAN RESOURCES DEPARTMENT

Post Office Box 1340 • Columbus, Georgia 31902-1340
(706) 653-4059

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

As a condition of employment, I hereby agree to be fingerprinted in such form and of such quality as shall be acceptable for submission to the National Crime Information Center and I authorize a national criminal record check. Also, I hereby authorize any Officer, authorized representative of the City of Columbus, Human Resources Department or other designed representatives, bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment, driving and educational records (including, but not limited to: academic achievement, attendance, athletic, personal history and disciplinary records): medical records, motor vehicle records and credit records. Further authorization is extended to all Police Departments, Sheriff's Departments, Juvenile Courts and Clerk of Courts, to furnish the bearer with information, reprints, photographs and any other records containing information relating to criminal history or activity. I hereby authorize you to release such information upon request of bearer.

I hereby release you, as the custodian of such records, and any employer, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau of consumer report agency, 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 further authorize the acceptance of a copy of this original to be used as authorization to release any/all information in lieu of the original which remains on file with the investigating agency. This Authority To Release Information is a continuous condition of my employment and I give consent to the Columbus Consolidated Government to perform periodic criminal history background checks for the duration of my employment with the Columbus Consolidated Government or until such consent is revoked by me in writing. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name (Signature) _____

Full Name (Typed or Printed Name) _____

Sex _____ Race _____ Date of Birth _____ Social Security Number _____

Parent or Guardian (if required) _____

Current Address _____

Telephone Number _____

Declaration of Applicant:

I hereby certify that there are no willful misrepresentations or falsifications in the foregoing statements and answers to questions or in my attached application will be rejected, or if already employed, my employment may be terminated. If I elect to begin work prior to the return of my national criminal record check, I understand that my employment maybe terminated based upon the content of that report. I also understand that failure to answer each question will cause my application to be disqualified.

Date _____ Signature of Applicant _____

To Be Completed By Columbus Consolidated Government

Date _____ Witness _____

Subscribed and duly sworn to before me by the applicant on the

_____ day of _____ 20_____

at _____ COLUMBUS _____ county of _____ MUSCOGEE _____, and

state of _____ GEORGIA _____

Notary Public, Muscogee County, Georgia

INVESTIGATOR'S COMMENTS

Date of Investigation Commenced _____ Commenced _____

Name of Investigator

Phone

Investigator's Address (if different from Law Enforcement Unit)

Signature of Investigator

Signature of Department Director or Authorized
Signature of Employing or Appointing Authority