



City of Green Lake

AUTHORIZATION OF RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized person)

I hereby empower an employee of the City of Green Lake, or other authorized representative thereof bearing this release, to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, of Federal law enforcement agencies.
2. Any previous employer
3. Present employer
4. Any school, college, university, or other educational institution
5. Any law enforcement or jail officer

Exceptions to this blanket authorization

1. Any medical information in possession of any source named above until
Subsequent to a conditional offer of employment (per Americans With
Disabilities Act)
2. _____
3. _____

This release is executed to authorize the City of Green Lake, as a perceptive employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Print – Full Name

Date

Signature - Full Name

Date of Birth

Address- Street and Number City State Zip

Witness Signature: _____