

WRITTEN AUTHORIZATION AND RELEASE
Personal Records Access

I, _____ authorize and grant the City of Havre Fire Department the right to make a thorough investigation of my past employment, education and activities, including criminal justice information. I authorize and give my consent to the criminal justice agency maintaining the criminal history record information to transfer or disseminate information to the above-named prospective employer or its authorized agent. Furthermore, I have released and discharge, and by this Authorization and Release do release and forever discharge, the City of Havre, its Fire Department, Police Department, officers, agents, and employees of and from any and all damages, claims, demands or causes of action of whatever name or nature, existing or which may hereafter arise as a result of the transfer or dissemination, and agree to indemnify and hold harmless the City of Havre Fire Department, its employees and agents and the City of Havre and its Police officers, employees, and agents against and liability which might result from making such investigation and disclosure. A photocopy of this Agreement should be considered valid as the original.

I have read and understand this Authorization and Release. I have been informed and have been given the opportunity to review this Agreement with the representative of my choice, before I sign it.

Dated _____ Signature of Applicant _____

Telephone _____ Print full name _____

Date of Birth _____ List all other names used _____

Social Security # _____

Address _____ City _____ State _____ Zip code _____

STATE OF MONTANA)

)ss.:

County of _____)

This instrument was acknowledged before me on _____, 20____

by _____

Notary Public for the State of Montana

Printed

Name _____

Residing at _____, Montana

(NOT ARIAL SEAL)

My commission expires: _____