Information Requested Through This Release

I, ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby authorize a review of and full disclosure of all records and recollections concerning myself to any duly authorized agent of the City of Hoopeston, Illinois, whether the said records and recollections are of a public, private, or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of records or recollections of:

* Educational institutions;
* Landlords;
* Financial or Credit Institutions (includes records of loans, records of commercial or retail credit agencies and other financial statements and records wherever filed);
* Employment and Pre-employment records (includes applications, background reports, efficiency ratings, recollections of employer and co-employees, complaints or grievances filed by or against applicant and records of discipline);
* Attorneys at Law or other Counsel (includes attorneys or counsel, whether representing applicant or another person in any case, either criminal or civil, in which applicant presently has or previously had interest);
* Police Department or other Law Enforcement Agency.

I hereby do release any person(s) who may furnish information from any and all liability, which may be incurred as a result of furnishing such information. I further release the City of Hoopeston, Illinois, from any and all liability, which may be incurred as a result of collecting such information.

This Release specifically includes, but is not limited to, claims in tort under Illinois common law, state or federal civil rights violation or any other claims under state or federal constitution, city ordinance, statutes, rules or regulations. I hereby covenant and agree never to institute directly, or in any other manner, or participate as a party in any action or proceeding (whether judicial, administrative, or otherwise) of any kind whatsoever against any of the parties identified above relating to release or disclosure of information.

I understand that information obtained during this investigation may be provided to others providing that the City of Hoopeston is furnished a release signed by me authorizing the disclosure of such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this document entitled Authorization for Release of Personal Information, Waiver of Right to Inspect and Waiver, and Release of All Claims.

Signature ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTORIZATION:

State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (or subscribed or attested) before me on this ­­­\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person).

Signature of Notary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_