



CITY OF HUBER HEIGHTS
GRANT OF AUTHORITY TO RELEASE PERSONAL
INFORMATION FOR
CITY BOARDS AND COMMISSIONS

Come Grow With Us!

TO: Whom It May Concern

I have made application for a position on a Board or Commission with the City of Huber Heights, Ohio. I am aware that my background is to be investigated thoroughly; and I have pledge to cooperate completely with the background screening process. I acknowledge that the City of Huber Heights will conduct the background screening process and that this inquiry may include, but is not limited to conviction records, and driving & motor vehicle records. It is further my understanding that any history adversely reflecting on my qualifications for service on the Board or Commission obtained by such investigation may be cause for disqualification for appointment.

I hereby authorize the release of any and all criminal, employment, military, educational history, driving and motor vehicle information which you might have concerning me (excluding records relating to my medical history) to the City of Huber Heights upon the request of the bearer or sender of this document. I acknowledge that the information which you might provide is for the official use of the City of Huber Heights, which is authorized to furnish the information obtained to third parties in the course of fulfilling the City's duties.

I hereby release you as custodian of such records or information, and any employer, educational institution training provider, or other repository of military records, officers, employees, and related personnel, individually or collectively, from any and all liability for damages, which might accrue to me, my heirs, assigns, or associates, because of compliance with this authorization. I hereby agree to hold harmless any person who reveals to the City of Huber Heights any information which is truthful and not given with malicious intent.

(Applicant Signature)

(Print Full Name)

Date of Birth: _____

Social Security Number: _____

Current Residence Address: _____
(Street Address)

(City/State/Zip)

STATE OF OHIO

COUNTY OF _____

This day _____ personally appeared before me and acknowledged
(Applicant Name)

his/her statement and signature, which was executed in my presence.

DATE: _____

Notary Public Signature (and Seal)

CHH 10/10