



City of Castle Rock

141 A Street SW / PO Box 370
Castle Rock, WA 98611
(360) 274-8181

Authorization to Release Information

TO: Human Resources Organization: _____

The City of Castle Rock is requesting information on me for the purpose of determining my eligibility for employment with the City of Castle Rock.

I authorize you to provide to the City of Castle Rock all information concerning me. This authorization is specifically intended to include all information of a confidential or privileged nature as well as photocopies of such documentation, if requested.

I hereby release you, your organization, and others from any liability or damage which may or could result from providing the information requested.

This form, or a copy, may be retained in your files and a photocopy reproduction of this release form shall be, for all intents and purposes, as valid as the original.

NOTE TO APPLICANT: DOCUMENT REQUIRES NOTARY TO WITNESS SIGNATURE.

APPLICANT'S SIGNATURE

DATE

State of Washington)

County of _____)

Subscribed and sworn to before me on this ____ day of _____, 20 ____.

NOTARY PUBLIC

COMMISSION EXPIRATION DATE

RESIDENCE