

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I am an applicant for an Animal Services Volunteer in the City of Antioch.

I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release any and all information which you may have concerning me, including information which may be of a confidential, privileged and/or derogatory nature, including, but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts (pursuant to Public Law 93-380), medical, surgical, psychological and dental records if I am offered employment with this agency (pursuant to the Medical Information Act, Civil Code Section 56 et. Seq. and C.F.R. 1630), credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts), local criminal history information (pursuant to Penal Code Section 13300[b][10], and/or any other information that you possess.

I exonerate, release and discharge you, your organization, its officers, agents and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this authorization form.

This release expires 120 days from the date of signature.

Applicant's Full Name Printed

Applicant's Signature

Parent's Signature, if applicant is under 18

Date