*NAME OF APPLICANT:* Click here to enter text.

*NAME OF PROSPECTIVE EMPLOYER*: Click here to enter text.

*NAME OF EMPLOYER’S AGENT:* Click here to enter text.

*SOCIAL SECURITY NO:* Click here to enter text.

TO CITY OF CASPER-HUMAN RESOURCES DEPARTMENT:

I, the undersigned, am an applicant for a position with an outside employer, but have been employed by the City of Casper, Casper, Wyoming.

I hereby direct and authorize you, the City of Casper, its custodian of records, and/or persons in your employment to release any and all information concerning my employment, including any and all information which may be of a confidential, privileged, and/or derogatory nature; excluding the release of HIPPA protected information. These documents include, but are not limited to: employment information, employment documents, employment performance or disciplinary information, character reference information, educational records and transcripts, credit and financial information, local criminal history information, and/or any other information which you may possess. The information may be released in a secure digital format or in printed form to assist my prospective employer.

In consideration of the release of the above described information, I hereby exonerate, release, discharge, and agree to hold harmless the City of Casper, its officers, agents, and employees, and the successors or assignees thereof from any and all liability, damages, or attorney fees, whether at law or in equity, now or in the future, for furnishing or disclosing any of the above information or documents pursuant to this Release to the employer and their agent listed above.

By this Release, I am specifically and permanently waiving any right that I may have to review or inspect any and all information or documents that you may disclose pursuant to this release.

**This Release Expires Three Hundred Sixty Five (365) Days Following The Date of Its Execution.**

DATED this day of ,

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Signature Printed Name

STATE OF Click here to enter text.)

ss.

COUNTY OF Click here to enter text.)

The foregoing Authorization for Release of Information was acknowledged before me by

This day of , .

NOTARY PUBLIC

My commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.