

EAST OLYMPIA FIRE DISTRICT 6

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish East Olympia Fire District 6 with any and all information that you may have concerning me, my work record, my reputation, my medical records, my military service records and financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist East Olympia Fire District 6 in determining my qualifications and fitness for the position I am seeking with the district.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by East Olympia Fire District 6 in conjunction with employment and volunteer procedures.

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

Applicant's Signature

Printed Name

Social Security Number

Washington State Driver's License Number

Date

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

Notary Public for State of _____

County of _____

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.