

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I herby authorize any representative of the Mason County Emergency Management Office bearing this Authorization to obtain information from your files or other sources pertaining to my personal background, including, but not limited to, the histories/records checked below:

- EMPLOYMENT HISTORY
- CRIMINAL HISTORY
- FINANCIAL/CREDIT
- ACADEMIC RECORDS
- ATHLETIC RECORDS
- ACHIEVEMENTS
- ATTENDANCE RECORDS
- PERSONAL HISTORY
- DISCIPLINARY ACTIONS
- MORTGAGE RECORDS &
PAYMENTS SCHEDULES
- UTILITY BILLS
- DRIVING RECORD
- MEDICAL RECORDS
(MENTAL/PHYSICAL, INCLUDING
DIAGNOSIS AND PROGNOSIS, IF ANY)

I herby authorize you to release such information upon the release of the bearer. This Authorization is executed with the full knowledge and understanding that the information is for official use by the Mason County Emergency Management Office.

I hereby release you, the institution or establishment which you represent, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with the Authorization for Release of Information, or any attempt to comply with it. Should there be any questions as to the validity of the Authorization, you may contact me as indicated below.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of the Authorization shall have the same force as the original.

FULL NAME: (Typed or Printed)	SOCIAL SECURITY NO.	DATE OF BIRTH
CURRENT ADDRESS: (No., Street, City, State, Zip)		TELEPHONE NO.
DRIVER LICENSE NO:		STATE ISSUING:
SIGNATURE:		TODAY'S DATE

THIS INFORMATION IS CONFIDENTIAL. DISCLOSURE OF CONFIDENTIAL INFORMATION IS PROTECTED BY THE FEDERAL PRIVACY ACT.

AUTHORITY: 1935 PA 59 COMPLIANCE: VOLUNTARY
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