

City of Wilmington

Criminal History Inquiry Waiver

Authority for Release of Information

I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic work, credit report, driving history, criminal history or other records as applicable) to the City of Wilmington upon presentation of this release or copy thereof.

I understand that any information released and obtained by the City of Wilmington from this authorization, may be considered when determining my employability/volunteer/contract ability with the City of Wilmington. Based on the information gathered from this release, I may not be considered for employment/volunteering/contracting.

I hereby release you and your organization or others from any liability or damage which may result from furnishing the information requested above. I understand that the City of Wilmington will not reveal to me the nature or contents of any confidential reports received. I certify that to the best of my knowledge and belief the information listed below is true and correct. I further certify that I have personally executed this waiver and release with my legal signature.

Applicant's First Name:

Applicant's Middle Name:

Applicant's Last Name & Suffix:

Applicant's Social Security Number :

Date of Birth:

Position Applying For:

Applicant's Signature :

Date:

State of

County of

Before me personally appeared _____, and did

execute the foregoing instrument in my presence on _____ day of _____ 20____.

My Commission Expires

Notary Public