



Town of Ault, Colorado

201 1st Street / PO Box 1098

Ault, Colorado 80610

Tel (970) 834-2844 – Fax (970) 834-2199

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Town of Ault, Colorado, whether the said reports are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Town of Ault, Colorado to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that the Town of Ault, Colorado will consider any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization in determining my suitability for employment. I understand that all materials pertaining to this background investigation become the property of the Town of Ault, Colorado and will not be returned to me. I also certify that no person(s) will be held liable in any way for releasing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain writing of my signature.

**A notary MUST notarize this form before your application will be accepted
YOU MUST SIGN THIS FORM IN FRONT OF THE NOTARY**

_____ Signature of Applicant	_____ Date Signed
Address: _____	Date of Birth: _____
_____	Driver's License # and State: _____
Phone Number: (_____) _____	Social Security #: _____

Subscribed and sworn before me in the county of _____, State of Colorado,
this _____ day of _____, 20_____.

Notary's Official Signature

(NOTARY SEAL)

Commission Expiration