

City of Fort Scott

Authorization to Release Information Agreement

Full Name

Date

Current Address

Social Security Number

City, State, & Zip Code

Date of Birth

Telephone Number & Area Code

Driver's License Number & State

To Whom It May Concern: I am an applicant for a cereal malt beverage license / taxi driver / solicitor / (please circle one) license in the City of Fort Scott, Kansas. The City needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the license for which I applied. It is in the public's interest that all relevant information concerning my personal history be disclosed to the City of Fort Scott.

I hereby authorize any representative of the City of Fort Scott bearing this release to obtain any information upon request of the bearer. 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 City of Fort Scott, whether said records are of public, private or confidential nature. The intent of this of this authorization is to give my consent for full and complete disclosure. 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 that may provide pertinent data for the City of Fort Scott. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, including my criminal history record, any arrest records, and information contained in investigatory files.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of your organization, including its officers, employees, or 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 this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Fort Scott regardless of any agreement I may have made with you previously to the contrary. The governmental organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Fort Scott's acceptance and processing of my application, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a. the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Fort Scott in conjunction with licensing procedures.

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

This waiver is valid for a period of **120** days from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature

STATE OF KANSAS)
COUNTY OF BOURBON)

BE IT REMEMBERED, that on the _____ day of _____, 200____, before me, the undersigned, a notary public, in and the said County and State aforesaid, appeared _____, whom is personally known to me to be the same person who executed the within instrument of writing, and duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto subscribed my name affixed my official seal, the date and year last above written.

MY APPOINTMENT EXPIRES: _____

Notary Public