

# City of Baxter

13190 Memorywood Dr, P.O. Box 2626  
Baxter, Minnesota 56425  
W (218) 454-5100 Fax (218) 454-5103

## AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position/contract with the City of Baxter, I am required to furnish information which that agency may use in determining my moral, physical, mental and financial qualifications. In this connection, I hereby expressly authorize release of any and all information which you may have concerning me, including information of a confidential or privileged nature. The condition of permanent employment is based upon approval of a background investigation at the City's discretion.

I hereby release the agency with which I am seeking employment or contract, and any organization, company or person furnishing information to that agency as expressly authorized as above, from any liability for damage which may result from furnishing the information requested.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Full Printed Name \_\_\_\_\_  
First Middle Last

Applicant's Address \_\_\_\_\_  
\_\_\_\_\_

Previous Address \_\_\_\_\_  
(if other than Minnesota) \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_  
Month Day Year