



## CITY OF MT. PLEASANT

### AUTHORIZATION FOR RELEASE OF INFORMATION

Position Applying for: \_\_\_\_\_

**APPLICANT INFORMATION** (please print)

Full Name \_\_\_\_\_ Phone \_\_\_\_\_  
                    First                      Middle                      Last

Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
                    First                      Middle                      Last                      Month/Day/Year

Residence Address \_\_\_\_\_

Driver's License Number \_\_\_\_\_

In connection with my application for employment, I authorize the City of Mount Pleasant, Michigan, or any agency it designates, to conduct an investigation of my character, reputation, police and court records, and credit worthiness.

To that end, I authorize my former employers, schools and any other persons to furnish the City of Mount Pleasant, or any agency acting on its behalf, any information relevant to this investigation.

I release the City of Mount Pleasant and its agents, as well as former employers, schools and any other persons releasing information, from all liability in connection with this investigation. I request that the City of Mount Pleasant hold that information in confidence unless otherwise required by law.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**