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## Authorization for Release of Information

Name:

Social Security Number:

Date of Birth:

Driver's License Number:

Driver's License State of Issue:

I, \_\_\_\_\_, do hereby authorize Winneshiek County to investigate my past employment history, background and driving record, as may be necessary in determining my suitability for a position with Winneshiek County. This includes, but is not limited to; character, performance evaluations, attendance, attitude, discipline and work habits.

I fully understand the information provided may be of a sensitive, confidential, and privileged nature, and may reflect negatively upon me. Any questions relating to the release of information should be directed to the Winneshiek County at (563) 382-5085.

I acknowledge that this information is necessary and will assist in determining my suitability for employment with Winneshiek County. I hereby release any providers of information from any and all liabilities. I further acknowledge that a facsimile or copy of this release shall be as valid as the original.

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Signature

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Date