

**AUTHORIZATION TO RELEASE INFORMATION
(Personal Inquiry Waiver)**

TO WHOM IT MAY CONCERN

I respectfully request and authorize you to furnish the Scappoose Fire District with any and all information that you may have concerning me, my position and educational records, my reputation, any and all criminal records, including juvenile records (that have not been expunged) and photo copies of the same if possible, and my financial and credit status. Your cooperation in this reply will be used to assist the Fire District in determining my qualifications and fitness for the position I am seeking with the Scappoose Fire District.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Applicant's Signature

Social Security #

(Please print your full name)

Date

.....
I hereby authorize the release of my Military Service Records to the Scappoose Fire District, Scappoose, Oregon.

Dated: _____ Signature: _____

Selective Service Number: _____
.....

State of Oregon, County of _____

This instrument was acknowledged before me on the _____ day of _____, 20____
by _____
(Name of person)

Notary Public

Commission Expires

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your files.
THIS FORM MUST BE NOTORIZED.