

AUTHORIZATION AND RELEASE

I understand that a criminal history investigation may be done that may include information regarding my driving record, court records, and law enforcement records. All information obtained will be treated with a high degree of confidentiality.

I understand that the information I provide in connection with this criminal history investigation will not be used for any purpose other than creating a voter information document as required by Molalla Municipal Code Section 2.02.100.

I hereby release and discharge to the extent permitted by law, the City of Molalla, its employees, and individual or agency obtaining information for the City of Molalla and any personal or professional references, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation.

I have read, understand, and consent to the above. I further authorize that a photographic copy or telephonic facsimile of this document shall be valid for all purposes present and future.

Name (print or type)

Signature

Date