



RELEASE OF CONFIDENTIAL INFORMATION TO THE VILLAGE OF QUINCY

Applicant's Name: _____

Date of Birth _____

Social Security Number: _____

Driver's License: _____

I respectfully request and authorize any company, organization, hospital or doctor, or any employee of the same or any other person or organization to furnish to **Village of Quincy**, any and all information that you may possess or have knowledge of concerning my work record (including Internal Affairs records), criminal record (including non-public), school record, military record, reputation, financial or credit status, mental or physical fitness and abilities, or any other information you may possess that might be of use to **Village of Quincy** in helping them assess my suitability for employment with the **Village of Quincy**. Said information does include, but is not limited to, any and all medical, physical and mental records or reports and hospital records, including all information of a confidential or privileged nature, and reproduction of same if requested. I hereby release you and your organization and any and all others from any liability or damage that may result from furnishing the information requested by **Village of Quincy** or an employee thereof.

A photocopy or facsimile of this release will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

Signature of Applicant

Signed and sworn before me on this

____ Day of _____, 20____

Notary Public

County of _____

My commission expires on: _____

47 Cole St

Quincy

Michigan

49082

517.639.9065

www.Quincy-MI.org