

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
PLACE OF BIRTH	COUNTY OR CITY	STATE	COUNTRY
DATE OF BIRTH:	DRIVER LICENSE NUMBER:		
RACE:	EXPIRATION DATE:		

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Anadarko, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the medical and psychological records however personal or confidential they may appear to be.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the City of Anadarko. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considering determining my suitability for employment with the City of Anadarko. I further understand that all materials pertaining to this background investigation become the property of the City of Anadarko and will not be returned to me.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the City of Anadarko and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Signature: _____

Street Address: _____

City and State: _____ Zip: _____

Subscribed and sworn before me this _____ day of _____ 200_____

Signature of Notary _____

My Commission expires _____