



City of Hudson

505 Third Street
Hudson, Wisconsin 54016-1694

PHONE: (715) 386-4765

FAX: (715) 386-0804

AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only, not to be released to unauthorized persons)

CITY OF HUDSON

I hereby authorize an employee or authorized representative of the CITY OF HUDSON, WISCONSIN, bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, state or federal law enforcement agencies
2. Selective Service system
3. Any place of business (for purposes of obtaining employment data)
4. Any previous employer
5. Present employer
6. Any school, college, university or educational institution
7. Any law enforcement or jail officer
8. Credit rating bureaus

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (Americans with Disabilities Act).
2. _____

This release is executed to authorize the CITY OF HUDSON, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Date

Signature

Witness

Printed name (including middle initial)

Address

Drivers License Number/State

Date of Birth