

**AUTHORIZATION / ADVISEMENT
INFORMED CONSENT RELEASE AND HOLD HARMLESS FORM**

FULL NAME:

I fully recognize that the City of McFarland will inquire into all areas of my background, which may affect my suitability to obtain a permit from the City of McFarland, and they have reason to believe that you may have information relevant to that purpose concerning me.

I hereby authorize you, your organization, its Custodian of Records, and/or persons in your employ, to release any and all information which you may have concerning me, including information which may be of a confidential, privileged and/or derogatory nature, including, but not limited to: employment information, official employment documents, employment performance data, character reference information, credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts), local criminal history information, law enforcement or criminal records or information from a law enforcement agency and/or any other information which you might possess. And I exonerate, release, discharge you, your organization, its officer, agents and assigns from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this authorization from, an investigator or its agent.

I have specifically and permanently waived any rights I may have to review or impact any and all information developed in this investigation so your responses will be completely confidential. You may retain this form for your files.

This Waiver will expire one year after the date signed. A photocopy of this document may act as the original.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

This release is valid for one (1) year from the date of signature.

Dated this _____ day of _____, 20____

In the County of _____ within the State of California.

Notarized Signature

California

County of _____

On _____ before me, _____ (name and title of officer), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)