

SUBJECT: Background Information Release Form

APPLICANTS LEGAL NAME: _____ (print)

To Whom It May Concern:

I am an applicant for the position of Volunteer Firefighter with the Alexandria Fire Department. Under Tennessee Law, my prospective employer is required to conduct an investigation into my fitness to serve in this capacity.

I hereby direct 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 confidential, privileged, and/or derogatory nature, including but not limited to: employment performance data, character reference information, educational records and transcripts (pursuant to Public Law), medical, surgical, psychological and dental records if I am offered a position with this agency (pursuant to the Medical Information Act), credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts), local criminal history information (pursuant to the Penal Code), and/or any other information which you may possess. And I exonerate, release and discharge you, your organization, its officers, 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 form.

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

THIS RELEASE EXPIRES 120 DAYS FROM DATE OF SIGNATURE

_____ Date: _____

Signature of Applicant

_____ Date: _____

Signature of Witness