



**AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES**

Do hereby authorize verification of all information in my ministry from all sources of employment, education, vehicle information, financial history, criminal history, personal character, and compensation in accordance with the record, etc. or any part thereof, and authorize whether the said records are public or private, including those which may be deemed privileged or confidential in nature and I release all persons from liability on account such disclosures. I further consent to the review and release of any information from my records deemed necessary.

I further acknowledge, consent, and agree that photocopies of this letter of Authorization may made and used as if they were original copies. I may revoke this request at any time, but that revocation must be in writing.

Print Name: \_\_\_\_\_  
(First Name) (Middle) (Last Name)

Current Address : \_\_\_\_\_

Employee No. : \_\_\_\_\_ Social Security No. : \_\_\_\_\_

Driver's License Number No. : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Mobile Number : \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_