

AUTHORIZATION TO RELEASE INFORMATION AND INVESTIGATE

(Carefully read this authorization to release information about you and to investigate you, then sign and date it in ink in the presence of a NOTARY PUBLIC.)

I understand that by signing this release I am agreeing to waive any non-disclosure rights I may have regarding any document or other information in any personnel file or other file maintained by any former employer, person or entity. This release authorizes the disclosure of any document or information relating to me in any way, regardless of the privacy information that it may contain.

I authorize Canyon County, Idaho Prosecuting Attorney's designee, an investigator representing Canyon County (hereinafter referred to as the investigator), to examine or copy any and all files maintained by any person or entity in regard to me and my employment with any person or entity.

I further authorize the investigator to interview any and all persons regarding any and all aspects of my employment history, background, and/or any other matter connected with or related to my employment history and/or other background information.

I, in exchange for allowing the investigator to examine or copy the above described documents and information, and/or allowing the investigator to interview the above described individuals do hereby, and for my heirs, executors, administrators, agents, employees, representatives, successors, insurers and assigns, release, acquit and forever discharge the Commissioners of Canyon County, Idaho, the Canyon County Sheriff, Canyon County, Idaho and all agents, employees, elected and appointed officers of Canyon County and all of those entities and those persons, employees, officers, representatives, attorneys, agents, insurers, successors and assigns and any and all other persons or entities acting for, by or through them, whether acting in their individual capacity or on behalf of said individuals or entities hereinafter collectively referred to as Canyon County from any liability or damage which may result from the examination or release of any records to, from the disclosure of information from, and/or from the conducting of an interview by, the investigator.

Further, I, in exchange for allowing to examine or copy the above described documents and information, and/or allowing the investigator to interview the above described individuals, do hereby, and for my heirs, executors, administrators, agents, employees, representatives, successors, insurers and assigns, release, acquit and forever discharge any person or entity who releases to, or allows the examination by, or participates in an interview with, the investigator, as authorized in this release, from any liability or damage which may result therefrom.

If hired, I authorize Canyon County to use my information provided on this form for internal purposes.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned and that this agreement contains the entire agreement between _____ and Canyon County,
(APPLICANTS PRINTED NAME)

Idaho. The undersigned further declares and represents that he/she fully understands the matters contained in this release and has had an opportunity to consult with his/her attorney regarding this release, prior to the signing thereof.

