

**AUTHORITY TO RELEASE INFORMATION**

Applicant's Name: \_\_\_\_\_  
First Last MI

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I certify that the facts contained in this Application are true and correct to the best of my knowledge. I fully understand that any false statement will be considered as justifying grounds for denial of membership or subsequent dismissal. I hereby authorize any criminal justice officer, or other authorized representative of the North Bench Vol Fire District INC bearing this release with administrative authority, to obtain any and all information available from my past and present employers, credit references, criminal records, and medical records. I request that the custodian of records, in each case, permit my records to be examined, copied, or otherwise reviewed. I hereby release and hold harmless any such authority, including its employees or related personnel, both individually and collectively, from any and all liability from damages of whatever kind which may at anytime result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. I fully understand that if accepted, my membership is governed by the Rules and Regulations, and Standard Operating Guidelines of the North Bench Vol Fire District INC. All Information obtained will be held in strictest confidence.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_  
(If applicant is under 18 years old)