



RELEASE OF INFORMATION AUTHORIZATION

As an applicant for Snohomish County Fire District 7 I am required to furnish information for use in determining my eligibility for employment. I, therefore, authorize Snohomish County Fire District 7 to investigate any statement made in my application. Further, I authorize any person, educational institution, company, and corporation or law enforcement agency to release information pertinent to the investigation.

I release all parties connected with any request for information from all claims, liability and damages for any reason arising from the furnishing of information.

Name (Print Full Legal Name): _____

Address: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Birth Date: _____ SSN: _____

Signature: _____