



POSITION APPLIED FOR: _____

AUTHORIZATION TO RELEASE INFORMATION

I respectfully request and authorize you to provide the Santa Cruz Metropolitan Transit District with any and all information requested. This information will be used to assist in the assessment of my qualifications, fitness and other characteristics for employment with the District. I understand that such information may include employment history, performance evaluations, disciplinary actions and appeals, medical records, and other confidential information. I further understand that such information obtained by the District under this release will not be made available to me.

A copy of this release shall be valid since the District holds the original authorization document.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the Santa Cruz Metropolitan Transit District with requested information.

Signature

Date

Print Your Name

Social Security No.