

**AUTHORITY FOR RELEASE
OF INFORMATION**
(Background Investigation Waiver)

To: Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records

APPLICANT'S NAME:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER (Optional):

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: TOWN OF LAKE PLACID, FLORIDA

I hereby authorize any Town of Lake Placid representative bearing this release, or copy thereof, to obtain any information in my files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct any entity having such information to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Town of Lake Placid.

I hereby release to you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

TOWN OF LAKE PLACID, 311 West Interlake Boulevard, Lake Placid, Fl. 33852

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Employer. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Employer to procure such reports at any time during my employment, contract, or volunteer period. I understand that my credit report and the information therein shall be used in compliance with the Fair Credit Reporting Act or appropriate regulations. I also understand that I have a right to obtain a copy of my own credit report and can dispute any information. FAIR CREDIT REPORTING RIGHTS AT FOLLOWING LINK

<https://mylakeplacid.org/towndocs/FORMS/EMPLOYMENT/RIGHTS UNDER THE FAIR CREDIT REPORTING.pdf>

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under Chapter 760. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature

Date

Applicant's Address

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____. My Commission

Expires on _____, 20_____. Personally known _____ - or -

Produced Identification _____ Notary Public: _____

Type of identification produced: _____