Village of SKOKIE

Village Hall
5127 Oakton Street
Skokie, Illinois 60077
Phone (847) 673-0500
Fax (847) 673-0525
www.skokie.org

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize the release, review of, and full disclosure of all records concerning myself to the Village of Skokie, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records; employment and pre-employment records, including background reports, and performance evaluations/ratings, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made); and, records maintained by any criminal justice or corrections agency including, but not limited to, incident reports, arrest records and criminal history information.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Village of Skokie. I hereby release from liability the Village of Skokie and its representatives for seeking, gathering, or using such information and all other persons, corporations, or organizations for furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information". I understand that all information and documents turned over to the Village of Skokie become the property of the Village of Skokie and will not be returned to me.

Signature _____ Date _____

Current Address: _____

_____

Phone Number: _____ Date of Birth: _____

Social Security #: _____

Driver's License #: _____ Expiration Date: _____
Class _____ State: _____

Witness: _____ _____
Print Signature
(Witness validates signature is authentic)

Printed Name: _____

Other names you have used or are also known as:_____

_____

Please provide **EVERY** residential address you have ever had.
(If additional space is needed, please make a copy of this page.)

Former Address _____
(Street) (Apt.#) (City) (State) (Zip Code) (How long did you live there)

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Former Address _____
(Street) (Apt.#) (City) (State) (Zip Code) (How long did you live there)

Please provide the state and county where you attended college and/or Graduate school.
(If additional space is needed, please make a copy of this page.)

_____
(State) (County)

_____
(State) (County)

_____
(State) (County)

_____
(State) (County)

_____
(State) (County)