



AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only, not to be released to unauthorized persons)

CITY OF HUDSON

I hereby authorize an employee or authorized representative of the CITY OF HUDSON, WISCONSIN, bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, state or federal law enforcement agencies
2. Selective Service system
3. Any place of business (for purposes of obtaining employment data)
4. Any previous employer
5. Present employer
6. Any school, college, university or educational institution
7. Any law enforcement or jail officer
8. Credit rating bureaus

Exceptions to this blanket authorization:

1. Any medical information in the possession of any source named above.
2. _____

This release is executed to authorize the CITY OF HUDSON, to obtain the above information. It is understood that said information shall be used only in consideration relating to obtaining an operator/agent license and shall not be further disseminated for any purpose.

First Name: _____ MI: _____ Last Name: _____ Maiden Name: _____

Address, City, State, Zip _____

Date of Birth _____

Driver's License Number and State of Issuance _____

Expiration date of Driver's License _____

Signature _____ Date _____