

**WESTCHESTER PUBLIC LIBRARY
BACKGROUND CHECK**

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Driver's License #: _____ Exp. Date: _____

Date of Birth: _____ SSN: _____

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize any person, agency, partnership or corporation having any information concerning my Education Record, Employment Record, Military Record, or Police Records from any and all police agencies, to release such information to the Westchester Public Library. This information is to be used for employment with the Westchester Public Library and will not be available for public inspection.

I hereby release such persons, agency, partnership or corporation from any liability, which may be incurred in releasing this information to the Westchester Public Library including under State and Federal law.

Signature Date

State of Indiana SS:

County of Porter

Before me the undersigned, A Notary Public for Porter County, State of Indiana personally appeared

(Name of Person)

and acknowledged the execution of this instrument this _____ day of _____ 20__.

(SEAL) (Notary Signature) _____

(Printed Name) _____

My commission expires: _____