



City of Canby

PO Box 930 Phone: 503.266.0635
222 NE 2nd Ave Fax: 503.266.0699
Canby, OR 97013 www.canbyoregon.gov

AUTHORIZATION TO RELEASE INFORMATION (Personal Inquiry Waiver)

TO WHOM IT MAY CONCERN at _____

ENTER NAME OF CURRENT OR PRIOR EMPLOYER

I respectfully request and authorize you to furnish the City of Canby with any and all information that you may have concerning me, including information of a confidential or privileged nature. This includes, but is not limited to my employment, education, character and qualifications. Your cooperation in this reply will be used to assist in determining my qualifications and fitness for the position I am seeking with the City of Canby. I understand that I will not receive and am not entitled to know the contents of confidential reports received, and I further understand that these reports may be privileged.

I hereby release you, your organization, their agents and representatives, and any person furnishing information to the City from any and all liability or damage that may result from furnishing the above information. **A photocopy of this release is to be considered as valid as an original.**

Applicant's Printed Name

Applicant's Signature

Parent/Guardian Signature

Date

Date

Employer - If you are unable to locate this applicant in your records, please contact City of Canby HR Dept. at 503-266-0635.