

**AUTHORIZATION FOR  
RELEASE OF INFORMATION**

**(Carefully read this authorization to release information – sign and date below)**

I hereby authorize a representative of the City of Mountain Home and a'TEST Consultants, Inc., to obtain any information relating to my activities. Sources include schools, employers, residential management agents, individuals, criminal justice agencies, credit bureaus, Department of Motor Vehicles, collection agencies, retail business establishments and other Consumer Reporting Agencies (CRA). This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, credit, employment, driving and law enforcement history and records.

I further authorize any and all present and former employers, school administrators, financial institutions and any other custodians of records pertaining to me to release such information upon request of a duly authorized representative of the City of Mountain Home and a'TEST Consultants, Inc. I acknowledge that the City of Mountain Home and a'TEST Consultants, Inc., is not responsible for the content of information obtained from public and private repositories and hereby waive all liability against the City and a'TEST Consultants, Inc.

a'TEST Consultants, Inc. is hereby authorized to disclose all information obtained through its investigations to the requesting entity for the purpose of making a determination as to my eligibility for employment, continued employment, promotion, any disciplinary or other lawful purpose.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two years from the date signed.

\_\_\_\_\_  
**CLEARLY PRINT** Full Name As It Appears On Birth Certificate

\_\_\_\_\_  
**CLEARLY PRINT** Other Names Used

\_\_\_\_\_  
**CLEARLY PRINT** Social Security Number

\_\_\_\_\_  
**CLEARLY PRINT** Date of Birth

\_\_\_\_\_  
**CLEARLY PRINT** Current Street Address

\_\_\_\_\_  
**CLEARLY PRINT** City, State & Zip Code of Current Address

**(If you have not lived at your current address for three years, please attach a list of  
additional addresses to this form.)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

CITY OF MOUNTAIN HOME DEPARTMENT: \_\_\_\_\_

Revised 4/13/2009