



# Idaho Department of Parks and Recreation

## AUTHORITY FOR RELEASE OF INFORMATION

Date: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_ (Print **FULL** Name), hereby authorize any representative of Idaho Department of Parks and Recreation (IDPR) bearing this release, or copy of it, within one (1) year of its date, to make an independent investigation of my background, references, character, past employment, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with (IDPR). This information will be used to aid IDPR in determining my qualifications, eligibility, and fitness for employment.

\_\_\_\_\_ (Initials)

I hereby release you, as the custodian of such records, or your organization and any others including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below. \_\_\_\_\_ (Initials)

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

Applicant's **FULL** Name \_\_\_\_\_  
(Please Print **FULL** Name)

Applicant's Signature \_\_\_\_\_

Current Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Telephone No. \_\_\_\_\_