

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby request and authorize you to furnish the Kansas Department of Wildlife, Parks, & Tourism with any and all information they may request concerning my work record, education, military record, financial status, criminal activity, arrest information and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the Kansas Department of Wildlife, Parks, & Tourism.

I hereby release you and your organization from any liability or damage which would result from furnishing the information requested above.

This authorization will expire one year from date of execution.

APPLICANT'S SIGNATURE

APPLICANT'S NAME (*PRINTED*)

DATE

WITNESSED BY

(Notary Public – OR – Employee of Kansas Department of Wildlife, Parks, & Tourism)

DATE