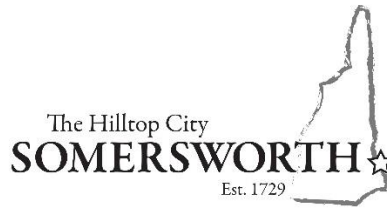


City of Somersworth



CONSENT TO RELEASE INFORMATION AUTHORIZATION FORM

Name: _____

Date of Birth: _____ SS#: _____

I, the above named, do hereby provide authorization for the City of Somersworth to examine and obtain copies of all pertinent documents relating to my current and past employment. The intent of this authorization is to determine suitability for my employment with the City of Somersworth.

I am willing that a photocopy of this consent be accepted with the same authority as the original. I understand misrepresentation or omission of facts called for in this background investigation is cause for rejection of this application, or, if discovered after employment, immediate termination.

Signature of Applicant

Date

Witness

Date