



Authorization to Release Information / Records

Section 1: Employment Information Release Authorization

I hereby authorize any person, company, and or educational institution I have listed as a reference on my employment application with the County of Sacramento to fully disclose, in good faith, any information they may have regarding my qualifications for employment. I will not hold any prospective or former employer, educational institutions, nor any other persons giving references liable for the exchange of this information along with any other reasonable and necessary information that is necessary and inherent to the employment process.

Signature of Applicant *(valid for 90 days)*

Date

Print Name

Section 2: Welfare Records Information Release Authorization

I hereby authorize the County of Sacramento to conduct a records check and review of the County maintained Welfare System related to my application for employment wherein my assigned duties will have direct, frequent and routine involvement in the administration and delivery of County welfare programs and services (i.e. determination of eligibility, administration of state or federal funds or access to sensitive client information). I will not hold the County of Sacramento liable for the exchange of this information, along with any other reasonable and necessary information that is necessary and inherent to the employment process.

Signature of Applicant *(valid for 90 days)*

Date

Print Name