

VILLAGE OF LAKE ODESSA

Authorization for Release of Information

839 Fourth Avenue
Lake Odessa MI 48849
Ph. (616) 374-7110
Fax (616) 374-0040

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to any duly authorized agent of the Village of Lake Odessa, whether said records are public, private or of a confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of consumer/credit reporting agencies; educational institutions; employment and pre-employment records, including background reports, efficiency rating, complaints or grievances filed by or against me, and salary records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys of law, or of other council whether representing me or another person in any case in which I presently have or have had an interest.

I understand that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Village of Lake Odessa to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal and confidential it may be, and the sources of information specifically identified therein.

I understand that any information obtained by a personal history background investigation will be considered in determining my suitability for employment by the Village of Lake Odessa. I understand that all materials pertaining to the background investigation become the property of the Village of Lake Odessa and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request. I further understand that in the event my application for employment is not approved, any source of confidential information cannot be revealed to me.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon a consumer/credit report, a copy of said report and a summary of the consumer's rights will be provided to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date: _____, 2025

Signature

Subscribed and sworn to before me
this _____ day of _____, 2025.

(Printed Name) First Middle Last

_____, Notary Public

County, Michigan

Acting in _____ County, MI

My Commission Expires: _____

Address: _____

SS#: _____

Driver's License: _____

D/O/B: _____