CITY OF FREMONT
FIRE DEPARTMENT

Paul M. Halbeisen
Chief of Fire

1145 West State Street
Fremont, Ohio 43420-3065
419-332-4131
Fax: 419-334-8434

Dean A. Schneider
Assistant Chief

AUTHORITY TO RELEASE INFORMATION

I hereby authorize the Fremont Fire Department to inquire into and obtain records concerning my past and current employment, education, medical history, finances, driving record, any criminal or civil actions. This release is executed with the full knowledge and understanding that this information is for use by the Fremont Fire Department as part of an official background investigation and that any information obtained may be released to third parties as may be necessary in fulfilling employment responsibilities.

I hold this consent as exonerating the City of Fremont and anyone contacted by the Fremont Fire Department of any civil or criminal damages of any kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization or any attempt to comply with it.

I further hold this consent to expire after a period of two (2) years effective from the below listed signing date. Beyond this date, this consent is no longer valid.

Date: _____

Signature: _____

Address: _____

_____

SSN: _____ D.O.B.: _____

I certify that on _____
I witnessed the above signature. (date)

Signature of witness: _____