



The City of Coral Gables

Human Resources Department
Personnel Division
214 Minorca Avenue
Coral Gables, FL 33134

CONSENT TO RELEASE CONFIDENTIAL RECORDS AND INFORMATION

As a person applying for a position at the Coral Gables Police or Fire Department ("Department"), I hereby consent to a routine background investigation conducted by the Department. In connection with this investigation, I consent to the release of any and all records and information concerning me, to the Department upon the Department's request.

This consent includes the release of *all* records and information concerning me to the full extent permitted by law, including the release of all confidential records and information that may not be released without my prior written consent.

I understand that such records and information may include, but is not necessarily limited to: reasons for termination of employment, including military service; criminal history; on-the-job performance; educational records; credit reports; or any other personal information which may not otherwise be obtained without my prior written consent.

SIGNATURE: _____
PRINT NAME: _____
DATE SIGNED: _____
SOCIAL SECURITY NUMBER: _____

STATE OF _____ (County of _____)

The foregoing instrument was executed before me this _____ day of _____, 20____ by _____, who is personally known by me (or who has produced _____ as identification) and who took an oath.

Notary Public State of Florida at large

Name of Notary (Type or Print)