CITY OF BOZEMAN
Bozeman, Montana
CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY
(Employee/Former Employee Reference Release)

I _____ authorize and consent to the City of Bozeman releasing any and all records and information concerning my employment with the City to include but not limited to salary/wage, past employment history, and work evaluation information that the City has concerning me to:

Employer Name: _____
Address: _____
City, State: _____

I request the City's cooperation in supplying this information to the above-named party. I hereby release the City of Bozeman and its employees from any and all claims and liability arising, in any manner, from this consent and from the release of this information.

Dated this _____ day of _____20_____.

_____ _____
Print Name Signature

Maiden and/or other names used while employed by City: _____

_____
Social Security Number

STATE OF MONTANA)
) ss.
County of Gallatin)

On this _____ day of _____, 20_____, before me, the undersigned, a Notary Public for the State of Montana, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year first above written.

(SEAL)

_____
Notary Public for the State of Montana, residing at _____. My Commission expires _____.

Street address: 411 E. Main St.
Mailing address: P.O. Box 1230
Bozeman, Montana 59771-1230

Phone: (406) 582-2300
Fax: (406) 582-2344
TDD: (406) 582-2301