

TOWN OF CLAY  
RECREATION AND HUMAN RESOURCE DEPARTMENT  
4401 ROUTE 31  
CLAY, NEW YORK 13041  
[www.townofclay.org](http://www.townofclay.org)

**AUTHORIZATION OF RELEASE OF INFORMATION**

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

APPLICANT PLEASE FILL OUT FORM BELOW THIS LINE

\*\*\*\*\*

Date: \_\_\_\_\_

As an applicant for Seasonal Town of Clay Recreation Department position, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this capacity, I authorize release of any and all information that you may have concerning me, including information of a confidential and privilege nature.

I hereby release you, your organization, or any other form, any liability, or damage which may result from furnishing the information requested.

\_\_\_\_\_  
(Applicant Legal Signature)

\_\_\_\_\_  
(Print Legal Name including middle name)

\_\_\_\_\_  
(Applicants LEGAL Address, City, State, Zip Code)

Parent or Legal Guardian Signature: \_\_\_\_\_  
[Only if applicant is under 18 years of age]

Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_  
(Check mark one of the above)