



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the release of my driving record to Lubbock Regional MHMR Center for the purpose of insurability verification. I understand that my employment with LRMHMRC may depend upon qualifying for insurance and having a satisfactory driving record. I also understand that while I am employed with LRMHMRC, my driving record will be reviewed at a minimum, every two years.

I hereby authorize LRMHMRC to investigate my past and present work, character, education, military and police records to ascertain any and all information that may concern my suitability for employment with LRMHMRC. I understand that while I am employed with LRMHMRC, a criminal history check and an employee misconduct registry and nurse's aide registry check may be conducted on me on an annual basis.

I understand that as a condition of employment, I must successfully complete pre-employment drug testing and tuberculosis (TB) skin testing.

The release of any and all information is authorized whether same is of record or not, and I do hereby release all persons, firms, agencies, companies, groups, installations, whomsoever, from any damages because of/or resulting from furnishing such information to LRMHMRC. I further release LRMHMR and its employees from any damages or claims that may otherwise result from use or release of such information.

Printed Name/Signature

Date