



OFFICE OF THE GOVERNOR

AUTHORIZATION AND RELEASE

I understand that in connection with this application for appointment an extensive investigation of my personal and business background will be conducted. I hereby authorize the release of any and all information pertaining to myself, businesses or educational institutions in which I participated, including information of a confidential or privileged nature in the possession of government or private agencies or individuals. I hereby release all such agencies or individuals who furnish such information from liability for damages, which may result from furnishing the information requested. I am also aware that a consumer credit report may be requested and used in connection with this application for appointment. The source of the report will be a major national credit reporting agency, such as EXPERIAN, TRANSUNION, or EQUIFAX. In the event such a request is made, a copy of the report will be provided to me.

Date: _____

Applicant Name (please print): _____

Applicant SSN: _____

Applicant DL#: _____

Applicant Date of Birth: _____

Applicant Signature: _____

Fax to (916) 558-3190