

**City of Little Flock**  
**1500 Little Flock Drive**  
**Little Flock, AR 72756**  
**(479)636-2081**  
**(479)636-2318-fax**

**RELEASE AND AUTHORIZATION**

I hereby authorize any employer, law enforcement agency, administrator, state agency, institution or private information bureau that has any record or knowledge of my workers compensation claims, motor vehicle operation history, credit history, or criminal history to provide the holder of this document any such information. A telephone facsimile (FAX) or a photographic copy of this authorization shall be as valid as the original. Permission is granted for information to be released by any state agency.

According to the FAIR CREDIT REPORTING ACT, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. I will be so advised and be given the name of the reporting agency or source of information.

Signature

Date

Full Name (type or print legibly)

Social Security Number

Date of Birth

Driver's License Number

State DL Issued

Sworn and subscribed to me, a Notary Public, this \_\_\_\_\_ Day of \_\_\_\_\_, 2014.

MY COMMISSION EXPIRES

Notary Public Signature and Seal

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