



703 First Street - P O Box 369 - Warrenton, MO 63383
(636) 456-7518

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I have applied for a position at Warren County Handicapped Services, Inc. and have given you as a personal reference/previous employer. I hereby authorize you to release any information concerning my qualifications and or job performances that might pertain to the position I have applied for.

Please forward such information directly to Warren County Handicapped Services at the address shown above, or you may discuss these issues with the hiring supervisor. Thank-You.

Sincerely yours,

(Signature) (Date)

Printed Name: _____

Address: _____

Soc. Sec. No _____

Maiden Name: _____