



NORTHWEST REGIONAL, INC.

P.O. Box 4774, Portland, OR 97208
Dispatch: 503-348-4907, Secure Fax: 503-285-6896

AUTHORIZATION TO RELEASE INFORMATION

From: _____

To: _____

I have applied for a position with Northwest Regional, Inc.

I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I hereby authorize the investigation of my past and present work, education, military and employment qualifications.

The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies, firms, companies etc., from any damages resulting from providing such information.

A photocopy or fax of this form is considered as good as an actual original. Due to the scope of the background suitability investigation, and any re-investigation that may be considered necessary, this authorization does not have any expiration date. Subsequent investigations may be required on an annual basis or as needed and this authorization is explicitly considered to be valid for the entire duration of the applicant's employment, if hired.

Please keep this copy of my release request for your files.

Thanking you in advance.

Signed this _____ day of _____ 20_____

Signature: _____

Printed Name: _____