



CREDIT UNION DEPARTMENT

Robert W. Etheridge
Commissioner

David C. Borden
Deputy Commissioner

AUTHORITY FOR RELEASE OF INFORMATION

This release constitutes my consent and authority for the **Credit Union Department** to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. I have read Department **Policy #209** and understand the Department may use the information it acquires when making decisions related to employment.

I, _____, hereby authorize the release of the following data of records to the **Credit Union Department**: (check all that apply)

- _____ Employment information
- _____ Credit information
- _____ Educational information
- _____ Police and Criminal records

This information is given in connection with my application for or continued employment with the **Credit Union Department**.

- **Name** _____
- **Address** _____
- **City/State** _____
- **Social Security #** _____
- **Texas Driver's License #** _____
 - **** If you do not have a Texas Driver's License, please provide:**
 - **Issued State:** _____ **Driver's License #** _____
- **Date of Birth** _____

Signed _____ **Date** _____