



**AUTHORIZATION AND RELEASE**

I \_\_\_\_\_, do hereby authorize Deschutes County and its Human Resources Director to release to any person any and all information, documents and records regarding or relating to, in any manner, my employment with Deschutes County. I further authorize Deschutes County and its Human Resources Director to summarize verbally and in writing for any such person any such information, documents and records.

In consideration of such release, I hereby release and discharge Deschutes County, its officers, agents and employees from any and all claims, suits, actions, causes of action and demands of whatever nature or reason for any damages, losses, injuries, costs and expenses which heretofore have been or which hereafter may be sustained or claimed to be sustained by me, my heirs, executors and assigns, forever, resulting directly or indirectly from the release of any such information, documents, record or summary.

I further acknowledge that I have been fully informed of the importance of this document, and that I hereby execute the same freely and voluntarily without undue influence of any person, and I hereby acknowledge that I assume each and every risk relating to the request of otherwise confidential information.

**CAUTION: READ ABOVE BEFORE SIGNING!**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date