

**CONSENT AND AUTHORITY TO RELEASE  
FINANCIAL INFORMATION**

I, \_\_\_\_\_, the undersigned, an applicant for employment with the Hodgkins Police Department, hereby authorize any bank, credit card company, trust company, postal savings department, insurance company, or other financial institution to make available to the Hodgkins Civil Service Commission, or its duly appointed representative, confidential financial information regarding credit card(s), savings, checking accounts, investments, or holdings possessed by me.

I also authorize the Social Security Administration, the Division of Unemployment Compensation of the State of Illinois, or any other government agency to release confidential information regarding me to the Hodgkins Civil Service Commission or its duly appointed Representative.

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature)*

*Revised: 05/22*