



**Human Resources**  
501 Low Gap Road, Room 1050  
Ukiah, CA, 95482

### Release and Waiver of Rights

I, \_\_\_\_\_, do  
hereby authorize \_\_\_\_\_, from

\_\_\_\_\_ to seek and review information from my official personnel file in the Mendocino County Human Resources office (excluding my medical file). I understand that this authorization is good for one-time only. Further review will require additional authorization from me.

I hereby release and hold harmless Mendocino County and its employees from any liability or damage that may result from furnishing such requested information as per my authorization.

I have read, understand and agree with the above.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_