

GRINNELL HUMAN RIGHTS COMMISSION

Authorization Release Form

I hereby authorize anyone possessing medical, education, personnel, income, credit, or any other information necessary for a full and complete investigation, mediation, or conciliation of my complaint to furnish such information to the Grinnell Human Rights Commission and any other anti-discrimination agency.

I hereby release anyone so authorized, the Grinnell Human Rights Commission, and any other anti-discrimination agency from all liability for any damages whatsoever in furnishing and obtaining such information.

Complainant Signature

Date

Complainant's Date of Birth