

# IOWA CIVIL 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 Iowa Civil Rights Commission and any other anti-discrimination agency.

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

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ (voluntary)  
Complainant's Social Security Number