

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Hospital, Medical Association, U.S. Armed Forces, Maritime Service, Veterans Administration, or and Academic Dean, Registrar, Principal, Guidance Counselor Other authorized person at a school (College, business, trade or high school) or, any past or present Employer, Credit Bureau or Retail Merchant's Association, Bank, Financial Institution or any other Credit Extending Agency, or any other State, Federal, County, or City Agency or Municipality.

I, \_\_\_\_\_ ( \_\_\_\_\_ )  
MAIDEN NAME

Address \_\_\_\_\_

Have applied for employment with the York-Poquoson Sheriff's Office. I am aware that my entire background is to be investigated. I hereby authorize, and request the release of any and all information you have concerning me (including, but not limited to a transcript of and academic records, past credit history, employment history, any information concerning my accounts and payment history, and any information concerning my personnel file and its contents) to the York-Poquoson Sheriff's Office or it's agent upon presentation of this release or copy hereof.

I am further aware that this investigation may not begin or be concluded for an undetermined amount of time after the execution of this document and I authorize this document to be recognized as valid until such time as my background investigation has been completed.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

Driver's License Number : \_\_\_\_\_

Armed Forces Service or Serial Number, if any : \_\_\_\_\_

Veterans Administration Claim Number, if any : \_\_\_\_\_

Social Security Number : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (to be signed before Notary)

State of Virginia, County/City of \_\_\_\_\_

This day \_\_\_\_\_ personally appeared before me and Acknowledged his/her signature to be the above statement.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

Release of information subject to this Authorization is not in conflict with the Fair Credit Reporting Act, Public law 91-508 nor Virginia Statutes relating to the Privacy Protection Act.