

Applicant Name: _____ (Print Legibly)

RELEASE OF INFORMATION

TO: _____ APPLICANT'S NAME: _____

DATE OF BIRTH: _____
OR Repository of Records SOCIAL SECURITY NO.: _____

NAME & ADDRESS OF EMPLOYING AGENCY REQUESTING BACKGROUND INFO:

I hereby authorize any authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, training records, and educational records. I specifically authorize all of my prior employer(s) to give their opinions about my prior work history, work ethic, whether or not they would rehire me and any other opinions that may be pertinent to my application for employment with the requesting agency.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and your employer, education institution, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel, including a photocopy of my DD 214, Report of Separation, to:

Signed this the _____ day of _____, 20____.

Signature in Full

PRINTED Signature in Full

NOTARY

State of _____)
:ss.)
County of _____)

On this ____ day of _____, 20____, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of _____
Residing in _____
My Commission Expires _____, 20____

(Official Seal)