

**LINCOLN COUNTY SHERIFF'S OFFICE
AUTHORIZATION FOR RELEASE OF INFORMATION**

To Whom It May Concern:

I am an applicant for a position with the Lincoln County Sheriff's Office. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above office.

I hereby authorize any representative of the Lincoln County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a full review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Lincoln County Sheriff's Office, whether said records are public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Lincoln County Sheriff's Office to consider in determining my suitability for employment in that office. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my financial status, my criminal history record, including any arrest records, any information contained in any investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other council, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of the Lincoln County Sheriff's Office, including its officers, employees, or related personnel both individually and collectively, from any 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. I direct you to release such information upon request of the duly accredited representative of the Lincoln County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For, and in the consideration of the Lincoln County Sheriff's Office, acceptance and processing of my application for employment, I agree to hold the Lincoln County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Lincoln County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, The Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Lincoln County Sheriff's Office in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on the form.

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, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature of Applicant

Date

Printed name of applicant

Social Security Number

Street Address/P.O. Box

Date of Birth

City State Zip

Signed and subscribed to before me this

___ day of _____ 20__.

Notary Public for the State of _____

Residing at _____

My commission expires _____