Authorization for Release of Information Agreement

Name_____DOB____/____/____ SS#_____-____-_____

Address_____Phone_____
Street Address City State Zip

To whom it may concern: I am an applicant for a position with the Clinton County Sheriff's Office (hereafter referred to as "CCSO"). The Sheriff needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

I hereby authorize any representative of the CCSO 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 release of the bearer. I do hereby authorize a review of and full disclosure of and full disclosure of all records, or any part thereof concerning myself by and to any duly authorized agent of the CCSO, whether said records are of public, private, or confidential nature. The intent of this authorization is to give full 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 CCSO to consider in determining by suitability for employment in that agency. 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 any and all public and private information that you may have concerning me, my work record, my background, and reputation, my military service records, education files, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievance filed by or against me, the records or recollections of attorneys at law or other counsel, 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 investigations, 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 damages pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ organization, including its officers, employee, or related personnel, both individually and collectively from any and all 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 CCSO 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 consideration of the CCSO's acceptance and processing of my application for employment. I agree to hold the _____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 CCSO. 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 these rights with the understanding that information furnished will be used by the CCSO 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 1 year for 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 this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this 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 fees, arising out of or by reason of complying with this request.

Signature_____Date_____

Notary _____Date_____