

Wilkinson County Sheriff's Office

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized person of the Wilkinson County Sheriff's Office, whether such records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, including records of loans, the records of military service, all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit report and/or rating) psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, employment and pre-employment records including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be used in determining my suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Wilkinson County Sheriff's Office to be a participant in the determination process of my employment suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand résumés, letters of reference, etc., submitted with the application become property of the Wilkinson County Sheriff's Office and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

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

I have read and fully understand the contents of this Authorization For Release of Personal Information Document.

Full Name Printed

Signature

Street Address

Date of Birth

Sex

Race

City/State

Social Security Number

Date