

Hamilton County Sheriff's Office

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am currently applying for a position with the Hamilton County Sheriff's Office. By signing below, I authorize you to release any information pertinent to my potential employment to Sheriff Richard M. Garza or Undersheriff Nicholas F. Krug.

I agree to hold any individual or agency harmless for the information received or disseminated in the process of a thorough back-ground investigation. This authorization for release of information extends to any mail correspondence, fax transmittals, telephone conversations, e-mail inquiries, or personal interviews.

Furthermore, I authorize the Hamilton County Sheriff's Office to obtain any information from the Department of Motor Vehicles, as well as any criminal history information accessible to law enforcement agencies.

Date: _____

Applicant Signature

Driver's License No: _____

Social Security Number: _____