



**AUTHORIZATION FOR RELEASE OF CRIMINAL
RECORDS, EMPLOYMENT RECORDS
AND PERSONAL INFORMATION**

Printed Full Name (Last, First, Middle): _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security #: _____

I, _____, respectfully request and authorize you to furnish the Whitley County Sheriff's Department any and all information that you may have concerning me including arrests, my work record, personnel record, including any disciplinary actions, my reputation, my financial and credit status. Please include any and all medical, physical, and mental records or reports, including all information of a confidential or privileged nature, and photocopies of same if requested. This information is to be used in determining my qualifications and fitness for the position I am seeking with the Whitley County Sheriff's Department. I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

*NOTE THIS FORM WILL BE RETAINED FOR NCIC/IDACS PURPOSES.

Position applying for: _____

Race/ethnicity: _____

Signature: _____

DO NOT WRITE BELOW THIS LINE - - FOR OFFICE USE ONLY

Requestor (printed): _____

Signature of Requestor: _____