



AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Physician, Psychiatrist, Psychologist, Social Worker, member of Medical Association, U. S. Armed Forces, Maritime Service, Veteran's Administration, Institution, or

Member of any Academic Institution, Dean of Students, Registrar, Principal, Guidance Counselor, School Board, other authorized school personnel, Law Enforcement Agency, or

Any past or present Employer, member of Credit Bureau or Retail Merchants Association, Bank, Financial Institution, any other Credit Extending Agency, or U. S. Selective Service System

I, _____ of (address) _____

have applied for employment with the Roanoke County Sheriff's Office. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic work or other records), (Personnel Files or any Internal Affairs Paperwork if applicable) to the Roanoke County Sheriff's Office and its agent upon presentation of this release form or copy thereof.

Social Security Number: _____

Given under my hand this _____ day of _____, 20_____.

Signature

State of Virginia, County/City of _____.

Notary Public: _____

Commission expires: _____