

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Boone County Sheriff's Office, whether the said records are of a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions: financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed: medical and mental health treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration: employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me: and the recollections of attorneys at law or of other counsel, representing me in any case, either criminal or civil, in which I presently have, or have had an interest.

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 considered in determining my suitability for employment by the Boone County Attorney's Office and/or Boone County Human Resource Office. I also certify that any person(s) who may furnish such information in good faith 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 further release the Boone County Sheriff's Office from any and all liability, which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING MY EMPLOYMENT APPLICATION / RESUME (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION ARE GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and or fax, email of this release form will be valid as an original thereof, even though the said photocopy/fax email does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

SIGNATURE OF APPLICANT

DATE