

Hopewell Sheriff's Office

Authorization for Release of Information

I \_\_\_\_\_ have applied for employment with the Hopewell Sheriff's Office. I hereby authorize the Hopewell Sheriff's Office, on its behalf, to call and inquire into my background with prior, without limitation to obtain any information from schools, financial institutions, employers, criminal justice agencies, social services agencies or individuals, relating to my activities. This information may include, but is not limited to, academic, medical, background, residential achievement, performance, attendance, personal history, disciplinary, arrest and conviction records.

I hereby specifically authorize and direct anyone who receives a verbal or written request for information from the Hopewell Sheriff's Office to give any information (including opinions that they may have) to the Hopewell Sheriff's Office as to my character and fitness for working at the Hopewell Sheriff's Office. You are authorized to answer any of the Hopewell Sheriff's Office questions and to release any requested documentation, forms, or information to the Hopewell Sheriff's Office whether the information is oral or in writing.

I hereby fully and completely release any individual, church, company, agency or other person(s) with whom Hopewell Sheriff's Office conducts an inquiry, including record custodians, both collectively and individually, from any and all liability for any damages of whatever kind or nature that I, my heirs, or family may allege happened to me any time on account of compliance or any attempts to comply with this authorization.

I waive the right to inspect any information provided about me to the Hopewell Sheriff's Office by any person and waive the right to inspect the Hopewell Sheriff's Office notes and files compiled as a result of any background check.

I have carefully read this Release and Authorization and signed it willingly with intent that it be relied upon by any person or entity that receives it from the Hopewell Sheriff's Office. A photocopy of this Release and Authorization shall be effective as an original. This Release and Authorization is not limited as to time.

Applicants Social Security Number \_\_\_\_\_

Given under my hand this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicants Signature Must be Notarized Below:

State of Virginia, County/City of \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_, personally appeared before me and acknowledged his/her signature to the statement on this page.

My commission expires on the \_\_\_\_ day of \_\_\_\_\_ , 20\_\_\_\_\_

Notary Public \_\_\_\_\_

Notary Registration Number \_\_\_\_\_