

# BOONE COUNTY SHERIFF'S DEPARTMENT

## AUTHORIZATION TO RELEASE INFORMATION

			Sex	Race	Date of Birth		
Last Name	First Name	Middle Name			Month	Day	Year
			SSN:				
Place of birth City	County		State			Country	

This release, when presented by a duly authorized representative of the Boone County Sheriff's Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Boone County Sheriff's Department: Employment; Educational; Medical; Drug Testing; Psychological; Selective Service; Police and Criminal; Motor vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Centers.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Boone County Sheriff's Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Boone County Sheriff's Department, to consider my suitability for employment.

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 Sheriff's Department. I understand that all materials pertaining to this background investigation become the property of the Boone County Sheriff's Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me, except that I understand that under the provisions of the Fair Credit Reporting Act, 15 U.S.C. §1561 et seq., I may request a copy of any consumer report from the consumer reporting agency that compiled the report.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Human Resources Use Only.</b>					
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