



Pittsylvania County Sheriff's Office



Authorization For Release of Information

To: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association, US Armed Forces, Maritime Service, Veterans Association, Any Academic Dean, Registrar, Principal, Guidance Counselor, Authorized person at any: School, College, University, Business School, Trade School, High School or Elementary School, Any Local, State or Federal Human Resource Agency or Federal Law Enforcement Agency, Any past or present employer, Credit Bureau or Retail Merchants Association, or U.S. Selective Service System

Name _____ Date of Birth: _____
Last, First, Middle

Address _____ Phone # _____
Cellular # _____

City, State, Zip _____

To Whom It May Concern:

I am an applicant for a position with the Pittsylvania County Sheriff's Office. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold and maintain the position for which I applied. It is in the public's interest that all relevant information concerning my employment and personal history be disclosed to the Pittsylvania County Sheriff's Office.

I hereby authorize any representative of the Pittsylvania County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Pittsylvania County Sheriff's Office, whether said records are of public, private, or confidential nature. These records include but are not limited to educational institutions, credit bureaus and retail establishments, medical and psychological consultations and or treatments, including those of hospitals, clinics, private practitioners, veteran's administration, and all military and psychiatric facilities, public utility companies, and other employers. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Pittsylvania County Sheriff's Office to consider in determining my suitability for original and continued employment with the Sheriff's Office. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service record(s), and any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release you, as the custodian of such records and your organization, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or an attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Pittsylvania County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The Pittsylvania County Sheriff's Office will discontinue processing my application if the information, pursuant to this release, is not disclosed upon their representative's request.

For and in consideration of the Pittsylvania County Sheriff's Office acceptance and processing of my application for employment. I agree to hold the Pittsylvania County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Pittsylvania County Sheriff's Office. I understand that should information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Pittsylvania County Sheriff's Office in conjunction with employment procedure. Additionally, I understand that the Virginia Freedom of Information Act and the Virginia Government Data Collection and Dissemination Practices Act provide me the right to request access to and disclosure of records related to my application for employment with the Pittsylvania County Sheriff's Office. I hereby waive my right to request access to or disclosure of information obtained by the Pittsylvania County Sheriff's Office during the background investigation portion of the application process, including information provided pursuant to this signed Authorization for Release of Information. Furthermore, I am aware that Virginia Code specifically allows the records of background investigations of applicants for law enforcement agency employment to be excluded from mandatory disclosure, and that it is the practice of the Pittsylvania County Sheriff's Office not to release this information unless required by law.

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

This waiver is valid from the date of my signature until my eligibility for original or continued employment is discontinued. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and their 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.

Applicant Signature _____ Date: _____

On this the _____ day of _____, 20____, the above person, personally appeared and satisfactorily proved themselves to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same in the capacity therein stated and for the purpose therein contained. He/she produced _____ as identification.

In witness whereof, I here unto set my hand and official seal. _____, Notary Public for the State of _____, my commission expires _____.