

AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	
Sex	Race	DOB (month, day, year)	Social Security #
Place of Birth	County	State	Country

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 Nederland Marshal's Office, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts and loans; and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records and other financial statements and records wherever filed; Veteran's Administration records; United States Armed Services records; medical doctor's records; insurance companies records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law; including criminal, civil and/or traffic records; the results of any polygraph examination; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate and emphasize that 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 a background investigation which may provide pertinent data for the Nederland Marshal's Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

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 Nederland Marshal's Office. I understand that all materials pertaining to this background investigation become the property of the Nederland Marshal's Office 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 sources of confidential information cannot be revealed to me.

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

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this	Signature
_____ day of _____	Street Address
My commission expires _____	City
Notary: _____	State
	Zip Code