

CLINTON COUNTY SHERIFF'S OFFICE

Sheriff Bill Greenwalt

Authorization for Release of Information Agreement

Name _____ DOB ____/____/____ SS# ____-____-____

I authorize the release of the following data or records to the Clinton County Sheriff's Office (hereafter referred to as "CCSO") to obtain any information in your files pertaining to my employment records. This authorization is for the purpose of pursuing a background investigation that may provide pertinent data for the CCSO to consider in determining my suitability for employment with the agency.

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 records, education files, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievance 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 investigations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed. This includes, but is not limited to: character, performance evaluations, and attendance, attitude, discipline and work habits.

I understand my rights under Title 5, with regard to access and to disclosure of records and I waive these rights with the understanding that information furnished will be used by the CCSO in conjunction with employment procedures.

I hereby release any providers of information from any and all liabilities. I further acknowledge that a facsimile or copy of this release shall be as valid as the original. The CCSO will discontinue processing my application if you refuse to disclose the information requested. This waiver is valid for a period of 1 year for the date of my signature.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her 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 understand that all materials pertaining to this background investigation become the property of the CCSO and will not be returned to me.

Signature _____ Date _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

State of _____ County of _____

Commission expiration _____

Notary Signature _____ Date _____