



Authorization for Release of Information

To: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association, Health Clinic, Attorney at Law, United States Government Agency, State or Political Subdivision, any branch of the United States Armed Forces or State Armed Forces, any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any School, College, University, Business School, Trade School, Public or Private, any Local, State or Federal Law Enforcement Agency, any past or present employer, any Credit Bureau or Retail Merchants Association or any United States Selective Service System:

I have applied for employment with the Williamsburg Police Department, Williamsburg, Virginia. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic records) to the Williamsburg Police Department. I authorize the National Personnel Records Center, St. Louis, Missouri or other custodian of my military records to release to the Williamsburg Police Department information or photocopies from my military personnel and related medical records. This could include a photocopy of my DD214, Report of Separation.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Name in Full (include maiden name): _____

Race: _____ Sex: _____ Date of Birth: _____

Place of Birth: _____ Social Security#: _____

Branch of Service: _____ Service Number: _____

Dates of Active Duty: _____

Dates of Reserve Duty: _____

Signature(Full Name to Include Maiden Name): _____

GIVEN under my hand, this _____ Day of _____, 20_____.

This Day, _____, appeared before me and acknowledged his/her signature to the above statements.

Signature of Notary Public My Commission Expires: _____