



Lynchburg Sheriff's Office
 907 Clay Street
 Lynchburg, Virginia 24504
 www.lynchburgsheriff.org

Donald T. Sloan
 Sheriff

Thomas G. Carter
 Chief Deputy



AUTHORITY FOR RELEASE OF INFORMATION

I HEREBY AUTHORIZE any representative of the Lynchburg City Sheriff's Office to obtain any information, whether said records are public, private, or confidential in nature, relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, medical institutions, hospital or other repositories of medical records, or individuals. This information may include, but is not limited to, court records, academic, military, residential, achievement, performance, attendance, personal history, disciplinary, driving record, criminal history record, arrest, conviction, medical, psychiatric/psychological, financial and credit information. **(Note: Medical information and/or documentation will only be accessed after a possible tender of conditional offer has been made.)**

I DIRECT YOU TO RELEASE such information upon request of the representative of the Lynchburg City Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. I understand my rights under Title 5, U.S. Code Section 522a involving the Privacy Act of 1974, with regard to access and disclosure of records and I waive those rights with the understanding that information furnished will be used by the Lynchburg City Sheriff's Office in conjunction with employment procedures.

I RELEASE any individual, including records custodians, from all liability for damages that may result to me on account of compliance or attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my notarized signature are valid for one year from the date of execution as the original release signed by me.

Signature (In Ink)	Full Name (Print)		
Other Names Used	Date of Birth	SSN	Date

On this _____ day of _____, _____, applicant _____
 Whose name is signed to the foregoing instrument personally appeared before me, acknowledged the foregoing signature to be his/her and having been duly sworn by me, made oath that the statements in the said instrument are true.

Notary Public: _____

My commission expires: _____