



Lynchburg Sheriff's Office  
 907 Clay Street  
 Lynchburg, Virginia 24504  
 www.lyncburgva.gov/sheriffsoffice

Donald T. Sloan  
 Sheriff

Thomas G. Carter  
 Chief Deputy



## AUTHORITY FOR RELEASE OF INFORMATION

**TO WHOM IT MAY CONCERN:** I am an applicant for a position with the Lynchburg, Virginia Sheriff's Office. This office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

**I direct you to release** such information upon request of the representative of the Lynchburg 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 Sheriff's Office in conjunction with employment procedures.

**I hereby authorize** any representative of the Lynchburg Sheriff's Office bearing this release, or a copy thereof, to obtain any information in your files pertaining to my personal and 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 a duly authorized agent of the Lynchburg Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure including DMV records. 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 that may provide pertinent data for the Lynchburg Sheriff's Office to determine my suitability for employment in the Sheriff's Office. It is my specific intent to provide access to personnel information, however personal and 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 records, educational records, my financial status, my criminal history record, including any arrest records, 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, psychological 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 damage to any local, state or federal 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 any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Lynchburg Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested. I understand the information obtained pursuant to this release will be one of the factors that will be used by the Lynchburg Sheriff's Office in considering my qualifications and aptitude for employment as a deputy sheriff or civil employee and that the information obtained pursuant to this release can be used as grounds for disqualification for employment with the Lynchburg Sheriff's Office.

**I agree to hold harmless** and defend the City of Lynchburg, the Lynchburg Sheriff's Office, and its officials, agents and employees from any and all claims and liability associated with my application for employment or in connection with the decision whether or not to employ me with the Lynchburg Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

**I understand my rights** under the Government Data Collection and Dissemination Practices Act, VA Code Section 2.2-3800 *et. seq.* 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 Sheriff's Office in conjunction with my application process. I hereby waive any and all rights of access and discovery of any documents, information, reports, records, statements, test results, or letters obtained by the Sheriff's Office pursuant to this release. A photocopy or FAX copy 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.

**The authorization** to release information is valid for a period of one year from the date of my signature. The other terms in this agreement are valid indefinitely.

**I agree to indemnify**, hold harmless, and defend 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 acknowledge that all paperwork obtained through this investigation/background check is the property of the Lynchburg Sheriff's Office and I release any rights to the ownership of such documents or related paperwork

**NOTE: If completed on line, fill in requested info, but DO NOT SIGN! Applicant will be contacted to have document notarized.**

Full Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, applicant \_\_\_\_\_, whose name is signed to the foregoing instrument personally appeared before me, acknowledged the foregoing signature, and affirmed that the above information is accurate and that they fully understand the content of the above document.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_