

HUTCHINSON COUNTY SHERIFF'S OFFICE

Blaik Kemp, Sheriff

Authority to Release Information

Name: _____ Date of Birth: _____

Sex: _____ Race: _____ DL State and number: _____ Soc. Sec. #: _____

Place of Birth (City, County and State): _____

I, _____, do hereby authorize a review and full disclosure of all records concerning myself, to any authorized agent of the Hutchinson County Sheriff's Office, whether the said records are of public or confidential in nature.

The emphasize and intent of this authorization is to provide full and free access to the background and history of my personal life. This information is to be used as background information which may provide pertinent data for the Hutchinson County Sheriff's Office (HCSO) to consider in determining my suitability for employment. I further understand this information can come from educational institutions, financial and/or credit institutions, medical and/or mental records, previous employer(s),(to include efficiency ratings, complaints or grievances filed by or against me), Credit reports and Court records of criminal charges and traffic violations.

I agree to indemnify and hold harmless the company, institutions, government agency and/or individual to whom this request is presented and their agents or employees, from and against all claims, damages, losses and expenses, including attorney's fees arising out of or by reason of complying with this request. I further understand that in the event my application for employment with HCSO is disapproved, the sources of confidential information WILL NOT be released to me.

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

Signature: _____ Date: _____

Subscribed and sworn before me this _____ day of _____ 20__

Notary Public