



Payne County

# Sheriff's Office

R.B. HAUF, SHERIFF

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

TO WHOM IT MAY CONCERN:

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

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit agencies, (including credit reports and/or ratings); and other financial statements and records, wherever filed; U.S. Veteran's Administrations, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of 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.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Payne County Sheriff's Office. 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.

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

PERSONAL INFORMATION			
NAME (LAST, FIRST MIDDLE)	SEX	RACE (W I B A)	DATE OF BIRTH
ADDRESS	CITY / STATE / ZIP CODE		HOME PHONE
DRIVER'S LICENSE NUMBER / STATE	SOCIAL SECURITY NUMBER	MAIDEN NAME(S)	
SIGNATURE			