

Authorization for Release of Information

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home or Medical Association

U. S. Armed Forces, Maritime Service, Veterans Association;

Any Academic Dean, Registrar, Principal, Guidance Counselor, or authorized person at any: School, College, University, Business School, High School, or Elementary School;

Any Local, State, or Federal Law Enforcement Agency

Any Past or Present Employer

Credit Bureau or Retail Merchants Association

U. S. Selective Service System

I, _____, _____
Name Address

have applied for employment with the Virginia Peninsula Regional Jail in 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 may have concerning me (including a transcript of any academic record) to the Virginia Peninsula Regional Jail Authority Investigator, or his representative, upon presentation of this release or copy thereof.

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

(Completion of this item is optional. Failure to submit social security number on this form will not prohibit employment. Social security number may be required on other forms prior to employment).

Applicant's Signature

Date