

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONSERN:

I, _____, authorize the Brooke County Sheriff's Office to conduct a detailed investigation into my background in order to determine my suitability for employment as a Deputy Sheriff with the Brooke County Sheriff's Office.

I understand that this permission includes access to, and review of, any and all of my records, personal and financial, irregardless of confidentiality or whether they are public or private in nature. This authorization is also extended to include any and all medical records concerning my physical and mental health. It is my specific intent to provide the Brooke County Sheriff's Office access to all my personal records and information, no matter how personal and/or confidential.

I understand that any information ascertained or developed through the use of this authorization for release will be used to determine my suitability for employment as a Deputy Sheriff. I further understand that refusal to grant this authorization for release of information will constitute a basis for rejection of my application for employment.

Applicant's Signature

Subscribed before me on this _____ day of _____, _____.

Notary Public Signature

My commission expires on _____