

Island County Sheriff's Office

Authorization to Release Information

Name of Applicant: _____ (Print Full Name)

As an applicant for the position with the Island County Sheriff's Office, I am required to furnish information for use in determining my suitability. I realize that this agency will not release information provided to them to any person including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for employment.

I hereby authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others to furnish the Island County Sheriff's Office any and all information they may have concerning me.

I hereby release you, your organization, or others from liability damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of applicant: _____

Date: _____