

NE 68467

AUTHORIZATION FOR RELEASE OF INFORMATION

Last Name	First Name	Ν	Aiddle	Date of Birth (For Identification Purp	ooses Only)
Current Address				Social Security Number	
State Issuing Driver's License		Driver's License No.		-	
Address of Residences during past 10 years:				Time Period	
	CITY	COUNTY	STATE	FROM	<u>TO</u>
1)					
2)					
3)					

I do hereby authorize a review and full disclosure of all records, or any part therof, concerning myself to any duly authorized agent of York County or any agency assisting them, whether the said records are public or private, and including those which may be deemed to be a privileged or confidential nature.

I authorize the full and complete disclosure of the records of education institutions, financial or credit institutions, commercial or retail mercantile establishments and retail credit agencies, results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me, records of complaints of a civil nature made by or against me and including but not limited to the records and recollections of attorneys at law, or other counsel representing or having represented me, and any records of any type whatsoever which concern any criminal charges involving me.

I further authorize the release of information concerning all of the above-mentioned areas, or any other information which has a bearing on my fitness or ability to become an employee of York County, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

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

Applicant's Signature