Wichita County Sheriff's Office

(Name of Law Enforcement Agency)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, Applicant, hereby authorize the Wichita County Sheriff's Office and its authorized representatives bearing this release, or a copy thereof, within one year of the execution date below, to obtain any information in your files pertaining to my citizenship, credit, criminal, driving, education, employment, financial, legal, licensing, medical, military, and personal history, including but not limited to academic, achievement, athletic, attendance, court, credit, criminal history record information, disciplinary, driving, financial, government, licensing, medical, performance evaluation, vehicle, or any other records or information held.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling their official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, other educational institution, hospital, other repository of medical records, credit bureau, lending institution, financial institution, consumer reporting agency, government agency, business establishment, or other entity, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____ Email: _____

Applicant's Notarized Signature: _____

State of _____

County of _____

Sworn to and subscribed before me on the _____ day of _____,

_____, by the above Applicant.

Notary's Printed Name: _____

Notary's Signature: _____

NOTARY SEAL Notary's Commission Expires: _____