

**COUNTY OF SCHUYLKILL
AUTHORIZATION TO OBTAIN INFORMATION**

I hereby authorize the release to the Sheriff's Department of Schuylkill County/Schuylkill County Courthouse, or its representative, any and all personnel and/or personal information about me, which is maintained by our institution/agency/company. This release pertains to records maintained in your files with regard to: employment; criminal arrest and/or conviction; and any other information; and character, observations or opinions.

I further request that such records be provided/forwarded to the Sheriff's Department for inclusion in my background investigation to ascertain my qualifications and fitness for employment.

I acknowledge by this authorization that I release all the parties concerned from any and all obligation or liability in the disclosure of the contents of such files and the observations or opinions contained therein.

I further understand that in consideration for said release, the County of Schuylkill will regard all information so obtained as confidential and shall not release the same to any other person without my express, written consent.

I certify that a copy of this "Authorization to Obtain Information" is as valid as the original as signed by me.

I certify that I have read and fully understand the foregoing statements.

Witness

Signature of Applicant

Date

Social Security Number

Date of Birth

Name (Printed or Typed)

Present Street Address

City, State, Zip