



BERKELEY COUNTY SHERIFF'S OFFICE

Authorization to Release Information

Name of Applicant: \_\_\_\_\_  
(Print full legal name)

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

TO THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE:

Understanding that verification of employment history is necessary in determining my suitability for employment in the position for which I have applied, I hereby authorize and request that the South Carolina Department of Employment and Workforce, hereinafter referred to as "SCDEW," furnish the Berkeley County Sheriff's Office with a complete listing of my previous and current employers according to SCDEW records along with years of employment reported by each employer. A photocopy, facsimile, or electronic copy of this authorization may be accepted with the same authority as the original, and I specifically waive any right to future discovery or review of information obtained by this authorized request. I understand this authorization is to be party of the written employment application that I submitted. I release the Berkeley County Sheriff's Office, SCDEW, my former employers, and others from any and all liability for seeking or providing such information.

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

Signature of Applicant: \_\_\_\_\_ (L.S.)

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission expires: \_\_\_\_\_