



BERKELEY COUNTY SHERIFF'S OFFICE

Authorization to Release Information

Name of Applicant: _____
(Print full legal name)

Other Names Used: _____

Date of Birth: _____ SSN: _____

TO WHOM IT MAY CONCERN:

I hereby authorize and request any present or former employer, school, police department, financial institution, agency, or other persons having personal knowledge about me to furnish the Berkeley County Sheriff's Office with any and all information in their possession regarding me in connection with an application for employment, including performance and separation information and consumer report information that may include motor vehicle records. A photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application that I signed and submitted. I fully understand that a criminal or other background check may be conducted at any time during my employment with the Berkeley County Sheriff's Office. I release the Berkeley County Sheriff's Office, 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: _____