

AUTHORIZATION FOR RELEASE OF INFORMATION

APPLICANT: _____
(Last Name) (First Name) (Middle Name)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

BIRTH DATE: _____ SEX: _____ SOCIAL SECURITY # _____
(Mo Day Yr)

This Authorization is in compliance with the Privacy Act of 1974 (Public Law 93-579). The information you authorize released will be used to verify information provided in your employment application or upon hiring which is necessary for employment in a specific position. If any information you have provided is determined to be false after the hiring process is complete, you will be terminated immediately. Information determined to be false prior to hiring will result in your not being hired.

The information obtained as a result of your signature on this Authorization will be furnished to designated officers and employees of Oklahoma County to verify information necessary to process your application for employment with Oklahoma County.

Military, education, police, criminal and employment information must be verified on every person hired. Credit will only be checked if credit worthiness is necessary to be employed in your position.

Check (X) each of the areas below for which you are authorizing a release of all information pertaining to your background: (Please remember, only the items checked will be released.)

_____ POLICE & CRIMINAL RECORD _____ EMPLOYMENT HISTORY
_____ EDUCATION _____ CREDIT HISTORY _____ MILITARY

SIGNATURE OF APPLICANT: _____ DATE: _____

REQUESTING AGENCY:

OKLAHOMA COUNTY SHERIFF'S OFFICE
201 N. Shartel, Oklahoma City, Oklahoma 73102