WASHINGTON COUNTY CJC CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY

TO WHOM IT MAY CONCERN:

I am an applicant for the Washington County **Children's Justice Center** (hereinafter the County). The County needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. I have authorized the County and/or its agents to gather all available information regarding my employment background, personal history, and other information which may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the County and/or its agents, any and all information that you have concerning me, including but not limited to my work record, my background and character, my driving history, criminal history, including any arrest records and any information contained in investigatory files, my psychological testing and analysis plus recommendation, my military service records, my education background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the County. I further specifically consent to the release of the aforementioned information by any present or past employer, oral interviews with employees of those organizations, and any other people so selected by the County as a part of determining my qualifications for this position. I request your cooperation in supplying this information to the County.

I hereby release you and those who supplied you with the above information, your company or organization, its employees, the County and its employees, and any agents of the County, from any liability for any damage which may result from furnishing the requested information.
I understand my rights under Title 5 United States Code, Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the County in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the County except for consumer reports as defined by the Fair Credit Reporting Act, 15 USC 1681-1681U.

A photocopy, email transmission, or telephonic facsimile (fax), or any other legible, non-original of this Authorization shall be valid as an original, even though such photocopy or fax does not contain my original handwritten or electronic signature. This release is valid for one year from the date of my signature.

*****DO NOT sign unless in the presence of a Notary Public*****

SIGNATURE:_____ DATE:_____

_____	_____	_____
PRINT NAME	DATE OF BIRTH	PHONE #

_____	_____	_____
DRIVERS LICENSE NUMBER	STATE	EXPIRATION DATE

Subscribed and sworn to before me on the _____ day of _____, 20_____

NOTARY SIGNATURE_____

My commission expires_____