

DIVISION OF PROTECTIVE SERVICES CAPITOL POLICE
RELEASE OF INFORMATION / RELEASE OF LIABILITY

To Whom It May Concern:

I hereby authorize any representative of the Division of Protective Services Capitol Police bearing this release to obtain information from your files, or other sources, pertaining to my personal background including, but not limited to, academic, athletic achievement, attendance, personal history, disciplinary action, medical, credit, or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for official use of the Division of Protective Services Capitol Police. Consent is granted for the Division of Protective Services Capitol Police to furnish such information, as is described above, to third parties in the course of the Division fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution, or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of any type, which may at any time result to me, my heirs, family, or associates, due to compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

Full Name:

(Type or Print) _____

Current Address: _____

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

(Signature of Applicant)

STATE OF WEST VIRGINIA, COUNTY OF _____

Taken, subscribed and sworn to before me this _____ day of _____,

My Commission expires: _____ **SEAL**

Notary Public Signature