

Sheriff



Sheriff Michael A. Lewis
Wicomico County Maryland

401 NAYLOR MILL ROAD, SALISBURY, MD 21801 • 410-548-4891

AUTHORIZATION FOR RELEASE OF INFORMATION

Last First Middle DOB

Address SS#

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Wicomico County Sheriff's Office, whether the said records are public or private, and including those which may be deemed to be of privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions; financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment including those of hospitals, clinics, private practitioners, the U.S. Veterans Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints of a civil nature made by or against me, and including, but not limited to the records and recollections of attorneys at law, or of other counsel represent or have represented myself or another person in any case in which I presently have, or have had an interest.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Applicant's Signature Date

Number & Street City State Zip Code

On this _____ day of _____ 20____ before a Notary Public, the undersigned officer, personally appeared known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same in the capacity therein stated and for the purpose therein contained.

In witness whereof, I here unto set my hand and official seal.

Signature of Notary Public

Official Seal
Must Be Affixed

Sheriff



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Wicomico County Maryland

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WICOMICO COUNTY SHERIFF'S OFFICE

PHYSICAL AGILITY TEST WAIVER

In consideration of the Wicomico County Sheriff's Office offering the opportunity to participate in a pre-employment Physical Agility Test which may lead to employment, I hereby for myself, my heirs, Executors, Administrators and Assignees, forever release and discharge Wicomico County, the Wicomico County Sheriff's office, and/or all Officers, Agents, employees, and servants of any or all these, and those facilities that are being used for this test, from any and all manner of actions, suits, proceedings, judgments, claims damages and demands whatsoever in law or in equity which I ever had, now have, or will ever have against Wicomico County, the Wicomico County Sheriff's Office, its Officers, Agents, or employees by or for the reason of any injuries, damages, and/or loss to myself as a result of said tests. I assume the risk of all dangerous conditions of the premises of said test, and waive any and all specific notices of the existence of such conditions.

Applicant's Signature

Date

Number & Street

City

State

Zip Code

On this _____ day of _____, 20____ before a Notary Public, the undersigned officer, personally appeared _____ known to me (satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained. In witness whereof, I here unto set my hand and official seal.

Signature of Notary Public

Official Seal

Must Be Affixed



Wicomico County Sheriff's Office

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation or falsification or if any material/information has been omitted.

Date

Signature of Applicant

Subscribed and Sworn To Before Me This _____ Day of _____, 20_____.

Notary Public

My Commission Expires: _____



Sheriff Mike Lewis
Wicomico County Maryland



PO BOX 987 • SALISBURY, MARYLAND 21803-0987
(410) 548-4887



Wicomico County Sheriff's Office

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS
(UPON CONDITIONAL OFFER OF EMPLOYMENT)**

I, _____, do hereby authorize a review of and full disclosure of all medical records or any part thereof, concerning myself, by and to _____, a duly authorized agent of the Wicomico County Sheriff's Office, whether the said records are of a public, private or confidential nature.

Signature: _____

Address: _____

Date of Birth: _____

Social Security #: _____

Date: _____

Witness Signature



Sheriff Mike Lewis
Wicomico County Maryland

