

WISE COUNTY SHERIFF'S OFFICE

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E. GRANT KILGORE, SHERIFF
Wise County & City of Norton
In God We Trust

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Any doctor, Hospital, Medical Association, U.S. Armed Forces, Maritime Service, Veteran's Administration, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (college, business, trade, or high school) or

Any past or present employer, Credit Bureau or Retail Merchant's Association, bank, financial institution or any other credit extending agency, or other State, Federal, County, or City Agency or Municipality

I, _____ (_____)
Name Maiden Name

Address: _____
Physical address (street or road) City/Town State Zip code

have applied for employment with the Wise County Sheriff's Office. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Wise County Sheriff's Office or its agent upon presentation of this release or copy hereof.

I am further aware that this investigation may not begin or be concluded for an undertermined amount of time after the execution of this document and I authorize this document to be recognized as valid until such time as my background investigation has been completed.

Armed Forces Service or Serial Number, if any: _____
Veterans Administration Clam Number, if any: _____
Social Security Number: _____

Given under my hand, this _____ day of _____, 20_____.

Signature (signed before a Notary only)

Commonwealth of Virginia, County/City of _____

This day, _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the _____ day of _____, 20_____.

Notary Signature

My Commission #