

Sheriff



Sheriff Michael A. Lewis
Wicomico County Maryland

1661 WESTWOOD DR, 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
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Number & Street	City	State	Zip Code
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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
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