

MEDINA COUNTY JUVENILE DETENTION CENTER

**655 Independence Drive
Medina, Ohio 44256**

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Medina County Juvenile Detention Center, I am required to furnish information concerning my moral, physical, educational, and mental qualifications, as well as my employment history. In this regard, I authorize the Medina County Juvenile Detention Center to make any and all appropriate inquiries regarding the aforementioned qualifications. Also, I authorize those individuals or organizations selected by the Medina County Juvenile Detention Center to release any and all information that they may have concerning me, including information confidential or privileged in nature.

I hereby release you, your organization, or others from any liability or damages whatsoever, which may result from furnishing the information requested.

Signed _____

Date _____

Printed name _____

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Witness (printed): _____

Witness (signature): _____

Date: _____