



## Clark County Human Resources

### AUTHORIZATION FOR RELEASE OF INFORMATION

**BG USE ONLY**

- ☐ Reprint
- ☐ Name Check
- ☐ No Process

I have made an application with Clark County and hereby authorize release of any record of criminal history pertaining to me be released to Clark County Human Resources. I hereby release any individual from any damage or liability in furnishing said criminal history records to the listed prospective employer. I understand that my employment/business with Clark County is contingent upon the results of a criminal background check that may take several months to complete. I understand I may be terminated from employment or business without rights to the position if I begin employment/business with Clark County before the results of the criminal background check is received by Clark County.

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**FOR APPLICANT USE ONLY**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal name (as shown on ID): \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_ Birthplace (Country/State): \_\_\_\_\_

Gender: M ☐ F ☐ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ SSN#: \_\_\_\_\_

Race: (Please select one that best applies to you):

☐ African American/Black    ☐ American Indian/Alaska Native    ☐ Asian/Pacific Islander    ☐ Caucasian    ☐ Hispanic/Latino    ☐ Two or More Races

Signature: \_\_\_\_\_

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**FOR DEPARTMENT USE ONLY**

*\* This section must be completed entirely for processing \**

Requesting Department: \_\_\_\_\_ Date: \_\_\_\_\_

Requester's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Out of State: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_ Part Time: \_\_\_\_\_

Location: \_\_\_\_\_

CJIS/SCOPE: Yes No Vendor: Yes No **NCJIS/NCIC LETTER:**

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**FOR BACKGROUND USE ONLY**

Processed By: \_\_\_\_\_ Processed Date: \_\_\_\_\_