



Authorization to Release Information

From: _____

To: _____

Address _____

City, State _____

Zip code _____

I have applied for a position with *SOUTHERN TIER SECURITY*.

I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I hereby authorize the investigation of my past and present work, character, education, military and employment qualifications.

The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies, firms, companies, etc., from any damages resulting from providing such information.

This authorization is valid for 90 days from date below.

Please keep this copy of my release request for your files. Thank you.

Signature

Date

Witness

Date

