



AUTHORIZATION FOR RELEASE OF INFORMATION COUNTY OF OSCEOLA

Name (Last, First, Middle Initial)	Home Telephone	Work Telephone	Email Address
Maiden/Other Name(s) Used	Driver License		Social Security Number:
Mailing Address	City		State Zip Code

I hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the County of Osceola whether the said records are of public, private, or confidential nature.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the County of Osceola in conjunction with employment procedures.

The intent of this authorization is to give my consent for the full and complete disclosure of the records of:

- Educational institutions;
- Financial of credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings);
- Public utility companies;
- Rental agents and landlords;
- Employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records;
- Income, real and personal property tax statements and records, and other financial statements and records wherever filed.

I also authorize the release of records of:

- Complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records, as well as records that have been sealed, expunged, set aside, or filed under the Holmes Youthful Trainee Act;
- Including records of complaint of a civil nature made by or against me, whosoever located, and to include the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life', for the specific purpose of pursuing a background investigation which may provide pertinent data for the County of Osceola to consider in determining my suitability for employment by that office. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources if information specifically identified herein.

I understand that any information obtained by personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the County of Osceola. I understand that all materials and information pertaining to this background investigation become the property of the County of Osceola and will not be returned or disclosed to me. The information you release is for official use by the County of Osceola; however, I understand that they may at their discretion re-disclose the information to a third party if said party has a Release authorized by me or as provided by law.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. This authorization shall continue in effect until revoked by me in writing. Should there be any question as to the validity of this Release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed above. I further understand that in the event that my application is disapproved, all information including confidential information and confidential sources shall not be revealed to me.

A photocopy of this Release form will be valid as an original, even though the said photocopy does not contain an original writing of my signature.

Applicant's Signature	Date