

Kathy Dahlkemper
County Executive

Kevin Sutter
Director of Corrections/Warden



County of Erie
Department of Corrections

1618 Ash Street
Erie, Pennsylvania 16503-2168
(814) 451-7500
FAX (814) 451-7520

AUTHORIZATON FOR RELEASE OF INFORMATION

I _____, authorize the Department of Corrections of Erie County to make any investigation of my personal history, employment history, criminal history and driving violations. I also authorize the release of any information or documents to the Department of Corrections of Erie County concerning me for the purpose of seeking employment with the Department of Corrections of Erie County.

The following information is accurate: (Please print legibly or type)

NAME: _____
(First) (Middle) (Last)

MAIDEN NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

SEX: _____ RACE: _____

PHONE NUMBERS: _____
(Home) (Cell)

Applicant Signature: _____ Date: ____/____/____

Witness Signature: _____ Date: ____/____/____

PLEASE ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE