

**AUTHORIZATION TO RELEASE INFORMATION  
BLAINE COUNTY SHERIFF'S DEPARTMENT**

To Whom It May Concern: **APPLICANT NAME:** \_\_\_\_\_

I am an applicant for the position of **DEPUTY SHERIFF** with the Blaine County Sheriff's Department.

As an applicant I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish the Blaine County Sheriff's Department any and all information they may have concerning me. I authorize a criminal background check and release these records to the Blaine County Sheriff's Department.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Subscribed to and Sworn to before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Notary Public in and for said County of \_\_\_\_\_, State of \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public