AUTHORIZATION TO RELEASE INFORMATION

FOR CRIMINAL/DRIVER'S RECORDS CHECK

To: Park County Sheriff's Office

414 East Callender Street

Livingston, Mt 59047

I am an applicant for the position of: _____ with the Park County Sheriff's Office and wish to furnish information to use in a Criminal Records Check and Driver's Records Check. I understand the Qualifications (MCA 7-32-303) for this law enforcement position prevent selection of persons with prior convictions of any crime for which the person could have been imprisoned in a federal or state penitentiary, any assault conviction involving a partner or family member, determination from a background investigation that shows a lack of good moral character, non-citizens of the United States, and / or suspended or revoked driving privileges. I hereby expressly authorize release of any information which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the Park County Sheriff's Office and any organization, company, institution, or person furnishing information to the Park County Sheriff's Office as I expressly authorized in the preceding paragraph above from any liability for damage that may result from furnishing the information which I have requested that you make available for the stated purpose. I further authorize and understand that a photocopy of this document shall serve with the same authority as the original

Applicant's Full Name: _____ _____ _____

Last Fist Middle

Applicant's Address: _____

Street

_____ _____ _____

City State Zip

Applicants Social Security Number _____ ____ _____

Applicant's Date of Birth: _____ ____ _____

Month Day Year

_____

Applicant Signature Date