

County of Frederick, Virginia
Human Resources Department
107 N. Kent Street Winchester, VA 22601
(540) 665-5668

AUTHORIZATION TO RELEASE INFORMATION

Full Legal Name

I hereby authorize any representative of the County of Frederick, Virginia bearing this release, or any copy thereof, within one year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies or individuals relating to my activities. This information may include but is not limited to, academic achievement, performance, attendance, personal history, disciplinary actions, credit, medical, birth and other vital records, criminal, civil and domestic court records and conviction and arrest records.

I hereby authorize and request your release of such information upon request of the bearer. I understand that the information released is for official use only by authorized agents for the County of Frederick, Virginia and is necessary in the fulfillment of official responsibilities.

I hereby release any individual from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance with or any attempts to comply with this authorization.

Applicant: Please sign only in the presence of a Notary

Given under my hand this date: (month, day) _____ Year 20 _____

Applicant's Name: _____

Applicant's Signature: _____

personally appeared before me and acknowledged his/her signature to the above statement

Notary Public Signature: _____

In ☐ County ☐ City of: _____ State of: _____

My commission expires: _____