

WOOD COUNTY SHERIFF'S OFFICE
1960 E. Gypsy Lane Rd.
Bowling Green, Ohio 43402

RELEASE OF INFORMATION WAIVER

Applicant Name (Last, First, Middle) _____ Sex _____ D.O.B. _____

Place of Birth (City, County, State/Country) _____ SSN _____

I _____, do hereby authorize review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Wood County Sheriff's Office, whether the said records are of public, private or confidential nature.

This release when presented by a duly authorized representative of the Wood County Sheriff's Office, constitutes my consent and authority to examine, obtain copies/abstracts of records and to receive statement/information regarding my background.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions (including records of deposits, withdrawals and balances of checking and savings accounts, loans, and also the records of commercial or retail credit agencies including credit reports and/or ratings); public utility companies; employment and pre-employment records (including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records); real and personal property tax statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law (including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located (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; military/civilian government records from Military Personnel Record Centers/National Personnel Records to include (employment, educational, medical, psychological, financial, credit, military service and the UNDELETED copy of separation and medical documents).

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 to the Wood County Sheriff's Office in determining my suitability for employment by the Wood County Sheriff's Office. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history 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 Wood County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Wood County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, 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. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Signature of Applicant _____ Street Address _____

City _____ State _____ Zipcode _____

Subscribed to and sworn before me this _____ day of _____,

Notary: _____ My commission expires _____

SEAL