



OSCODA COUNTY SHERIFF'S OFFICE
RELEASE OF INFORMATION AUTHORIZATION

Re: _____
(Name of Applicant)

Date: _____

I am an applicant for a position with the Oscoda County Sheriff's Office. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Sheriff's Office.

You are hereby authorized to furnish and release to the Oscoda County Sheriff's Office or any representative thereof any and all information concerning me which may be requested including but not limited to employment records, criminal records, driving records and any other information that may be requested concerning my application for employment.

I consent to the release of any and all of the above stated information that you may have concerning me, my work records, my background and reputation and any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other council, whether representing me or any person in any case, either criminal or civil, in which I presently have, or have had an interest, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and the entries made by me are true, complete correct to the best of my knowledge and belief and are made in good faith.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information to the Oscoda County Sheriff's Office, including liability or damage pursuant to any state or federal laws. I hereby direct you to release the above referenced information to the Oscoda County Sheriff's Office or its representative regardless of any agreement I may have made with you previously to the contrary.

This authorization is valid for a period of ninety (90) days from the date of my signature, however, the release provisions survive said ninety (90) day period. A Photostat or Fax copy of this release form will be valid as an original thereof, even though the said Photostat or Fax copy does not contain an original writing or signature.

(Applicants Signature)

Subscribed and sworn to before me, a Notary Public in and for the County of _____, State of Michigan,
this ____ day of _____, 20__.

Notary Public _____ County, Michigan.

My Commission Expires: _____