

**AUTHORIZATION TO RELEASE INFORMATION
TO THE ATHENS-CLARKE COUNTY POLICE DEPARTMENT**

To Whom It May Concern:

I hereby authorize the Athens-Clarke County Police Department to obtain and/or receive any criminal history record and/or driver history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia, in any other state, or any other country.

I also authorize any authorized representative of the Athens-Clarke County Unified Government / Athens-Clarke County Police Department bearing this release, or a copy thereof, within one year of its date, to obtain any information and/or records concerning myself, whether the said information and/or records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied, or otherwise reviewed.

1. Information and/or records from any educational institution that I have attended including, but not limited to, academic achievement, attendance, athletics, personal history, and disciplinary actions.
2. Information and/or records from my past or present financial records contained in any financial or credit institutions including, but not limited to, records of loans, the records of commercial or retaining credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed.
3. Information and/or records pertaining to my employment, past and/or present, including, but not limited to, current and past employment records, polygraph reports and charts, background reports, efficiency rating, complaints or grievances filed by or against me, disciplinary records, and personal history. I also authorize release of any information concerning pre-polygraph reports and charts, background reports, and any other information included in my pre-employment file.
4. Information and/or records pertaining to my personal history past and/or present, including, but not limited to, birth records, marriage and/or divorce documents, name changes wherever filed, and access to any/all social media sites of which I am a member.

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

This release is executed with full knowledge and understanding that the information is for the official use of the Athens-Clarke County Police Department. Consent is granted for the police department to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

I hereby waive and release any claims against any party which I may have as the result of the release of any records or information referenced in this Authorization and acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

Should there be any question(s) as to the validity of this release, you may contact me as indicated below.

SIGNATURE:_____ DATE:_____

PRINT FULL NAME:_____

CURRENT ADDRESS:_____

PHONE NUMBER:_____