

Eureka County Sheriff's Office
P. O. Box 736
Eureka, NV 89316
(775) 237-5701

Authorization to Release Information

Name of Applicant: _____
Please print your full name

Date of Birth _____ SSN # _____

As an applicant for the position with the Eureka County Sheriff's Office, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Eureka County any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage, which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of date of my signature.

Signature of Applicant _____

Subscribed and Sworn to before me the _____ day of _____, 20____
Notary Public in and for said County of _____
State of _____

Notary Public