

***Authorization for release of information in connection with  
employment application and other "employment" purposes  
including reference checks and verification***

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I \_\_\_\_\_ authorize the Town of Middleburg Police Department, or any representative of the department who can present credentials for the same, to conduct an investigation related to my work and personal history. To that end, I authorize any employer, friend, foe, school, corporation, government or government sub-divisions/agency, licensing agencies, or any other entity or person to release and or allow access to information that the investigating officer deems relevant to my possible employment or internship with the Middleburg Police Department. Specific authorization is granted for any disciplinary files, internal investigation files, browsing histories on public or company computers, and phone records for public or company phones. This authorization includes but is not limited to authorization for the Town of Middleburg to check and verify any information contained in my employment application.

I hereby authorize all of the aforesaid enumerated parties to furnish the Town of Middleburg Police Department any and all information concerning me that they, the investigating representative, deem relevant to my application.

I further release all parties referred to herein and the Town of Middleburg and/or employees from all liability and responsibility arising from the release of information concerning me.

Print all information

Name (Last first middle): \_\_\_\_\_ Maiden? \_\_\_\_\_

*The below information shall only be used for record confirmations*

Date of birth: \_\_/\_\_/\_\_\_\_ Driver's License Number: \_\_\_\_\_

Please list all other names that your information may be listed under:

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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