



**KING WILLIAM COUNTY SHERIFF'S OFFICE**  
Authorization for Release

**The following needs to be presented to a Notary Public before applicant signs.**

I, \_\_\_\_\_ hereby authorize the King William County Sheriff's Office, (Applicant print your name)

to conduct a Background Investigation in connection with my application for appointment. This investigation may include information regarding my residential history, schools attended, present employer, previous employers, previous applications to law enforcement agencies, personal references, professional references, credit standings, financial status, criminal history, Division of Motor Vehicle records, physicians, medical records, and any other appropriate sources.

I authorize the release of any information that the King William County Sheriff's Office may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the King William County Sheriff's Office in connection with this application and background investigation is confidential and shall not be disclosed to me.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act, as amended, with regard to access and to the disclosure of records and statements and I hereby waive those rights.

I agree to indemnify and hold harmless the King William County Sheriff's Office, its agents and employees and the person, company, agency or entity to whom this request is presented and its agents and employees from and against all claims, damages, losses, and expenses, including attorney's fees arising out of this request.

It has been fully explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I voluntarily sign this statement. Furthermore, I have no objection to any part of this statement.

\_\_\_\_\_  
Applicant's Signature Date

**Notary Use Below This Line**

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State of Virginia, County/City of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Applicant's Name

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature