

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
PLEASE PRINT LEGIBLY LAST NAME FIRST MIDDLE

ADDRESS

DOB RACE SEX SOCIAL SECURITY NUMBER

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent or representative of the Allegany County Department of Human Resources, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of: educational institutions; financial or credit institutions and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those hospitals, clinics, private practitioners, the U. S. Veterans Administration, and all military and psychiatric facilities; public utility companies; motor vehicle, business, and/or occupational licensing and operation agencies; employment and pre-employment records including background investigative reports, the conduct and results of polygraph examinations (for law enforcement only), efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, including, but not limited to the records and recollections of attorneys at law, or of other counsel who represent or have represented me or another person in any case in which I presently have, or have had an interest.

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.

APPLICANT'S SIGNATURE

DATE