

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Hospital, Medical Association, U. S. Armed Forces, Maritime Service, Veterans Administration, or Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (college, business, trade or high school) or

Any past or present Employer, Credit Bureau or Retail Merchant's Association, Bank, Financial Institution or any other Credit Extending Agency, or any other State, Federal, County, or City Agency or Municipality

I, _____ (_____)
Name Maiden Name

Physical and Mailing Address: _____

Business Name and Address (for Station Appointment only): _____

have applied for a position associated with the Virginia Motor Vehicle Safety Inspection Program. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) or the business listed above to the Department of State Police or its agent upon presentation of this release or copy hereof. I further understand that any information provided to the Department of State Police may be shared with my employer.

I am further aware that this investigation may not begin or be concluded for an undetermined amount of time after the execution of this document and I authorize this document to be recognized as valid until such time as my background investigation has been completed.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

Driver's License Number _____ State _____

Armed Forces Service or Serial Number, if any _____

Veterans Administration Claim Number, if any _____

Social Security Number _____ Date of Birth _____

Given under my hand this _____ day of _____, _____ .

Signature (sign before Notary only)

State of Virginia, County/City of _____

This day, _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the _____ Day of _____, _____ .

Notary Public