



VAN WERT COUNTY SHERIFF'S OFFICE
SHERIFF THOMAS M. RIGGENBACH

Van Wert County Sheriff's Office
Office 419-238-3866
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113 N. Market Street
Van Wert, Ohio 45891
www.vanwertcountysheriff.com

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

To whom it may concern:

I, _____, (print full name) the undersigned, do hereby authorize a review and full disclosure of all records and information concerning myself to any authorized agent of the Van Wert County Sheriff's Office whether the records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the following information, records, or documents without limitations; military service, law enforcement or criminal records from any law enforcement or prosecuting agency or court, education institutions, financial or credit institutions, including records of loans, employment, and pre-employment records including but not limited to background reports, efficiency ratings, complaints, or grievances filed by or against me, and the records and recollections of attorney at law, or other counsel, whether representing another person or me in any case or matter, either criminal or civil in which I presently have or have not had an interest.

I understand any information obtained during our investigation will be considered in determining my suitability for employment. I agree that any person(s) or organizations who may furnish such information to the Van Wert County Sheriff's Office shall not be held legally accountable in any way for giving this information, and I do hereby release said person(s) or organization from any and all liability which may be incurred as a result of furnishing such information.

I understand that information obtained by the Van Wert County Sheriff's Office for the purpose of determining my eligibility for employment is the property of the Van Wert County Sheriff's Office and that neither I nor any person authorized by me will be allowed to view any of the information contained in these files.

A photocopy of this release will be as valid as an original thereof, even though said photocopy does not contain an original of my signature. This waiver is valid for a period of (1) year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address or telephone number listed on this form.

Signature: (Include maiden name)

Telephone Number

Address

Date of Birth

City, State, Zip

Signature of Applicant

State of Ohio, County of Van Wert:

Subscribed and duly sworn before me according to law, this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____