

**AUTHORIZATION TO RELEASE INFORMATION  
For  
SHERIDAN COUNTY**

As an applicant for a position with Sheridan County, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, attendance of the last year worked, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications and experience at your company. This includes all information contained in my employment records.

The release in any manner of any and all information by you is authorized and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for six months from the date of my signature below.

You may retain this copy of my release for your files. Thank you for your assistance.

Name (typed or printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_