



Tompkins County Department of Human Resources

125 East Court Street, Ithaca, NY 14850 | P: (607) 274-5526 | F: (607) 274-5401 | www.TompkinsCountyNY.gov

Inclusion through Diversity

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

To Whom It May Concern:

I, _____ do hereby authorize the release, review, and full disclosure of all records, or any part thereof, concerning myself, to any duly authorized agent of _____ whether the said records are public, private or confidential in nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any:

- Educational Institutions:
- Public Utility Companies:
- Armed Forces of the United States of America, or any country or territory, or in the Reserve Forces or National Guard:
- Financial Institutions, including records of any depository or savings or checking accounts and also the records of commercial or retail credit agencies (including credit reports and/or ratings):
- Medical, psychological, and psychiatric reports of consultation, treatment, and evaluation at or by any hospital, clinic, private practitioner, and the U.S. Veteran’s Administration:
- Employment and pre-employment records, including salary records, background reports, polygraph test questions, answers, and reports, pre-employment and promotional examination results, efficiency ratings, disciplinary ratings, disciplinary actions, complaints, or grievances filed by or against me, and internal affairs investigations:
- Real and personal property tax statements and records and other financial statements and records wherever filed:
- Records of complaint, arrest trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records, and records of complaints of a civil nature made by me or against me, wherever located, including the records and recollections of any attorney at law or counsel, whether representing me or another person in any case in which I have ever been a party or had an interest.

It is my specific intent to provide access to personal information and to release copies and abstracts however personal or confidential they may appear to be. The sources of information specifically enumerated herein are for illustrative purposes only, and such enumeration shall not be used to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation, which may provide pertinent data for the Tompkins County Sheriff’s Office to consider in determining my suitability for employment by that Department.

In any event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the organization and the person to whom this request is presented as well as their agents and employees, from and against all claims, damages, losses, and expresses, including reasonable attorney’s fees, arising out of or by reason of complying with this request.

This release form and any copy of this release form, even though the said photocopy does not contain any original writing of my signature, will be valid and should be honored for a period of one (1) year from the date of my signature.

A PHOTOCOPY OF THIS AUTHORIZATION AND RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I have read and fully understand the contents of this “Authorization for Release of Personal Information.”

Applicant Signature: _____ Dated: _____

Printed Name: _____

Social Security Number: _____ Date of Birth: _____

On this ____ day of _____, 20____, before me, this subscriber, came, _____ known to me and known to be the person described in the foregoing instrument, and who executed same, and (s)he duly acknowledges that (s)he executed same.

NOTARY PUBLIC/COMMISSIONER OF DEEDS