



Office of Sheriff Davison County



1015 South Miller Avenue ★ Mitchell, SD 57301-4230
605-995-8630 ★ davisoncounty.org ★ Fax 605-995-8643

Authorization to Release Information

Name of Applicant _____
Last
First
Middle

Date of Birth _____ SSN# _____

As an applicant for the position with the Davison County Sheriff's Office, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will only be used for investigating my suitability for employment.

Toward this end, I authorize the release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Davison County Sheriff's Office any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage, which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be, for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant

Date of Signature

Subscribed and Sworn to be on the ____ day of _____, 20__

(Seal)

Notary Public
My Commission Expires: _____