

**COUNTY OF SCHUYLKILL  
AUTHORIZATION TO OBTAIN INFORMATION**

**I hereby authorize the release to the Human Resources Office of Schuylkill County, or its representative, and all personnel and/or personal information about me, which is maintained by our institution, agency or Company. This release pertains to records maintained in your files with regard to: employment; criminal arrest and/or conviction, and any other information; and character, observations or opinions.**

**I further request that such records be provided/forwarded to the Sheriff's Office for the inclusion in my background investigation to ascertain my qualifications and fitness for employment.**

**I acknowledge by this authorization that I release all parties concerned from any and all obligation or liability in the disclosure of the contents of such files and observations or opinions contained therein.**

**I further understand that in consideration for the said release, the Sheriff's Office of Schuylkill County, Schuylkill County Districts Attorney's Office, and the Schuylkill County Prison, will regard all information so obtained as confidential and shall not release the same to any other persons without my express, written consent.**

**I certify that a copy of this "Authorization to obtain Information" is as valid as the original as signed by me.**

**I certify that I have read and fully understand the forgoing statements.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name (Printed or Typed)

\_\_\_\_\_  
Present Street Address

\_\_\_\_\_  
City, State, Zip