

## <u>Currituck County Schools</u> Authorization for Release of Information

In connection with my application for: a) employment (including contract for services) I understand that investigative reports which may contain public record information, may be requested or made on me including criminal records, and/or driving records. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency contacted to furnish the abovementioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

## FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY

Last:	First:					
Middle:	Other Names Maiden, Aliases, etc					
Date of Birth: Month:	Day:	Year:		Race:	Gender:	
Social Security #:			Drivers Licen	nse #:	State:	
Home Street Address:						
City:			State:	ZIP:		
Email Address:						
Signature				Date:		