

Lafayette County Sheriff's Department

AUTHORIZATION FOR RELEASE OF INFORMATION

County Employment

Carefully read this authorization to release information about you, then sign & date in ink.

I Authorize any investigator, deputy, police officer, special agent, or other duly accredited representative of the Lafayette County Sheriff's Department to obtain any information relating to my activities from individuals, schools, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, residential history and criminal history record information.

I Authorize custodians of record and other sources of information pertaining to me, to release such information upon request to the Lafayette County Sheriff's Department regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and other sources of information is for official use by the Lafayette County Sheriff's Department and/or the County of Lafayette, Missouri.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for (1) one year from the date signed or upon termination of my affiliation with the Lafayette County.

Signature (Sign in ink)	Full Name (Print or Type)	Date Signed
Other Names Used	Date of Birth	Social Security Number
Current Address	State	Zip Code
		Home Phone Number ()