



ACCREDITED LAW ENFORCEMENT AGENCY

COUNTY OF ALBEMARLE POLICE DEPARTMENT

1600 5th Street, Suite D

Charlottesville, Virginia 22902

Phone: (434) 296-5807 • Fax: (434) 972-4061



AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any police officer or other authorized representative of the Albemarle County Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment (including any grievance records), military, educational records, medical records, credit records, (including credit card and payment device numbers), and law enforcement records. I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Albemarle County Police Department. Consent is granted for the Albemarle County Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis. I have been advised the Albemarle County Police Department will utilize this number only to facilitate the location of employment, military, medical, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name (Typed or Printed): _____

Social Security Account Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____ Phone: _____

Given under my hand this ____ day of _____, 20__

Signature

Commonwealth of Virginia, County/City of _____

This day _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the ____ day of _____, 20__

Notary Public

Notary Registration # _____