



**Authorization for Release of Information**

**TO:**  
**RE:**  
**DOB:**

I, \_\_\_\_\_, have applied for a position as a Firearms Instructor with the County Probation and Parole Officers' Firearm Education and Training Commission, and as such for the purposes of a Background Investigation, I hereby authorize the release of the following information to the County Probation and Parole Officers' Firearm Education and Training Commission:

- Psychological
- Employment
- Legal/Criminal

I understand that I have no obligation whatsoever to permit disclosure of any information from my record and that I may revoke this consent at any time. In any case this consent will expire without my express revocation ninety (90) days from the date entered below.

I further understand that the information requested will be solely used for the determination of suitability for the position of Firearms Instructor and that the information requested shall not be provided to any other sources without my express written authorization.

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date