



PO Box 1421
1809 Main Street
Victoria, Virginia 23974

AUTHORITY OF RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any investigator, or duly accredited representative, of the Town of Victoria bearing this release or a copy thereof, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. The information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Town of Victoria and may be disclosed to such third parties as necessary for the fulfillment of official responsibilities.

I hereby release any individual record custodians, from any and all liability for damages of whatever kind or nature which may, at any time, result to me on account of compliance, or any other attempts to attempt to comply with the authorization. Should there be any questions as to the validity of this release; you may contact me as indicated below.

Signature _____

Full Name _____

Social Security Number _____

Date _____

Current Address _____

Telephone _____

Furnishing the requested information is voluntary, but failure to provide all, or part, of the information may result in a lack of further consideration for employment or may result in your termination from employment with the Town of Victoria.

Commonwealth of Virginia, City/County of _____

On this Day _____ personally appeared before me and acknowledged
(Name of Applicant)

his/her signature to the above statement.

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

Notary Public