

**AUTHORIZATION TO RELEASE INFORMATION**

I, the undersigned, \_\_\_\_\_, having made application for employment with the Oldham County Schools, hereby authorize any and all, or such agents or designees as they from time-to-time appoint, to make such inquiries and to do such investigation as may be deemed necessary or appropriate to verify information given by me concerning my present or past employment businesses, education, character, and reputation.

I agree that in giving this authorization and release I shall indemnify and hold harmless each and every person, firm, organization or agency furnishing information about me.

I specifically authorize and direct any and all departments or agencies of government, whether federal, state or local, including any and all law enforcement agencies, to accept this, or a photostatic reproduction hereof, as my authorization to release information to its agent or designee, information concerning me, including, but not limited to, records of any arrest or detention, military personnel records, records of licensure or registration, and any and all applications, background reports, or regulatory files kept or received in connection with such licensure or registration, or any other information pertaining to me as though such information were being released to me.

I release each and every department or agency which may be requested to, or which does furnish information about me, from any requirement to notify me of presentation of such request or release pursuant to this authorization, or a photostatic reproduction hereof, except as may be required by law.

I understand that investigation of me may touch upon, or include requests for information concerning my character, personal habits, and associates now, or in the past. I further understand that information about me may be reviewed, reevaluated or updated from time-to-time.

I certify that I have read each of the provisions of this Authorization and understand each such provision.

\_\_\_\_\_  
Applicant Name (Print or Type)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Witness