

**AUTHORIZATION FOR RELEASE**  
**(Must be notarized for Police Department Positions Only)**

**Of Any Information In Connection With Employment  
Application and Other "Employment" Purposes  
Including Reference Checks and Verification**

To assist in evaluation of employment application and/or for "employment purposes", I authorize the City of Bedford, Virginia, to request and receive any and all information concerning me from any persons, schools, companies, corporations, partnerships, government or government sub-divisions, agencies or other entities including, but not limited to, law enforcement agencies, licensing agencies and any of my previous employers. This authorization includes, but is not limited to, authorization for the City of Bedford to check and verify any information contained in my employment application.

*I hereby authorize any and all of the aforesaid enumerated parties to furnish the City of Bedford any and all information concerning me.*

*I further release all parties referred to herein and the City of Bedford, and/or employees from any and all liability and responsibility arising out of the release of any information concerning me.*

Name \_\_\_\_\_ Maiden (?) \_\_\_\_\_  
                    Last                                      First                                      Middle

Date of Birth: \_\_\_\_\_ (Only used for record confirmation)

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

Current Address: \_\_\_\_\_ How long? \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Previous Address \_\_\_\_\_ How long? \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Driver's License # and State issued \_\_\_\_\_

Please list all other names that information may be listed under:

\_\_\_\_\_

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

**Must be signed in the presence of a notary for the application to be valid**

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

My commission expires on \_\_\_\_\_.

Release for employment