

**AUTHORITY TO RELEASE INFORMATION**

This release is executed in connection with my application for employment with the United States Probation Office, District of Kansas.

I hereby authorize the United States Probation Office, District of Kansas, to obtain any information in your files pertaining to my educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records; and credit records. I hereby direct you to release such information upon request. This release is executed with full knowledge and understanding that the information is for official use. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau or consumer reporting agency, 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. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I acknowledge by my signature that I have reviewed this release and consent to a background check, including a current criminal record search.

**NAME:** \_\_\_\_\_  
**OTHER NAMES EVER USED (e.g., maiden name, nickname, etc.)**

**DOB:** \_\_\_\_\_ **POB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**DRIVER'S LICENSE #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**CURRENT RESIDENCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**AREA CODE/PHONE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_  
\_\_\_\_\_  
**(WITNESS: SIGNATURE/TITLE)**