

**AUTHORIZATION FOR RELEASE  
OF PERSONAL AND CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ do hereby authorize a review of, and full  
(PRINT First Middle Last)  
disclosure of all records concerning myself to any duly authorized agent of McDowell County,  
whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records pertaining to my education, previous employment records, and criminal record background check.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment with McDowell County. I waive any rights to confidentiality for information relating to my background, including criminal history information, medical history information, education, and previous employment records, as it relates to determining my suitability for employment. I also certify that any persons who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said persons from any and all liability, which may be incurred as a result of furnishing such information.

I understand that the disclosure of an offense against the law will not result in an automatic disqualification from employment. The offense and how recently I was convicted will be evaluated in relation to the job for which I am applying.

A photocopy of this release form will be valid as an original; even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
**Print Full Name**

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

\_\_\_\_\_  
**Social Security Number (List ALL 9 Digits Please)**

\_\_\_\_\_  
**Gender**

\_\_\_\_\_  
**Physical Address**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**City/State/Zip Code**

\_\_\_\_\_  
**Driver's License Number and State**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Full Signature**

\_\_\_\_\_  
**Date**