

AUTHORIZATION FOR RELEASE OF INFORMATION



LAST	FIRST	MIDDLE	DOB
ADDRESS		SO	CIAL SECURITY NUMBER
do hereby authorize a review a by / to any duly authorized aga and including those which ma authorization is to provide info	ent of the Maryland State y be deemed to be of a p	e Police, whether the said privileged or confidential	records are public or private, nature. The intention of this
of commercial or retail merc consultation and/or treatment, Administration, and all milita employment records including	cantile establishments are including those of hospitary and psychiatric facily background investigation grievances filed by orag, not limited to the reco	nd retail credit agencies; tals, clinics, private practi ities; public utility comp on reports, the results of against me; records of co ords and recollections of a	tioners, the U.S. Veteran's anies; employment and prepolygraph examinations, emplaints of a civil nature made attorneys at law, or of other
record to the Maryland State F	Police, information or phinformation/records	otocopies from my militar	other custodian of military ry personnel and related medical is could include a photocopy of
	of my signatures. I ago sses and expenses, inclu	ree to indemnify and hold	hough the said photocopy does harmless employees, from and ' fees arising out of or by
Applicant's Signatur	e		Date
On thisday of _ personally appeared the people whose name is subs in the capacity therein stated a hand of official seal.	scribed to the within inst	rument and acknowledged	d that he/she executed the same
			Official Seal
Signature of Notary Public			Must be Affixed