# CHEBOYGAN COUNTY SHERIFF DEPARTMENT

**DALE V. CLARMONT**
SHERIFF

TIMOTHY C. COOK
UNDERSHERIFF

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Jail Administrator

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## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

In connection with my application for employment with Cheboygan County, Cheboygan County Sheriff's Department, I the undersigned, hereby authorize any official representative of Cheboygan County, Cheboygan Michigan, presenting this release, or copy thereof, to obtain within one year of its date any information concerning me whether or not such information is part of the files of any institution or organization pertaining to my employment records, educational records or criminal history records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records and convictions of criminal acts. **I hereby waive any written notice of release of such information or records that may be required by state or federal law and hereby direct the recipient of this release to provide such information upon presentation of this document.**

This release is executed with full knowledge and understanding that the information is for the official use of Cheboygan County. **Consent is granted for Cheboygan County to furnish such information, as is described above, to third parties in the course of fulfilling their official responsibilities.**

I hereby release employers, education institutions, physicians, hospitals, credit bureaus, consumer reporting agencies, or other repository of such records, the custodians of such records and their officers, employees, related personnel, and their contractors, 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 and associates arising out of compliance with this Authorization to Release Information, or any attempt to comply with it. Should any recipient question the validity of this release, the undersigned may be contacted as indicated below.

Name of Person Authorizing: _____ DOB: _____
First Middle Last

SS#: _____ Place of Birth: _____ Phone #: _____

Previous Address: _____ City: _____ State/Zip: _____

Previous Address: _____ City: _____ State/Zip: _____

Signature of Person Authorizing: _____ Date: _____