

**SANTA FE COUNTY
AUTHORIZATION TO RELEASE INFORMATION**

I, _____, hereby authorize any person, agency, partnership or corporation having any information concerning my **CREDIT REPORT, EDUCATIONAL RECORD, EMPLOYMENT RECORD, or SELECTIVE SERVICE RECORD**, to release such information to the Santa Fe County Sheriff's Department. This information is to be used for possible employment with the Santa Fe County Sheriff's Department and will not be provided for public inspection.

I hereby release such person, agency, partnership, or corporation from liability which may be incurred in releasing this information to the Santa Fe County Sheriff's Department including liability under Federal Law.

Social Security Number

Signature

Date of Birth

Application Date

STATE OF NEW MEXICO

)

COUNTY OF SANTA FE

) ss.

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Subscribed and sworn to before me by _____ on this _____ day of _____, _____.

Notary Public

My Commission Expires:
