

BREVARD COUNTY EMERGENCY MANAGEMENT
Authority for Release of Information
(Limited Background Investigation Waiver)

TO: Concerned Person or Authorized Representative of Any Organization, Institution, or Repository of Records.

Applicant's Full Name:

First	Middle	Last
-------	--------	------

Include other name(s) which the Applicant may be known by:

Applicant's Race/Sex: _____ **Applicant's Date of Birth:** _____

Applicant's current address:

Applicant's Driver's License Number: _____
(also specify state if not Florida)

Agency contact person/PX #: _____

In connection with my application for volunteer status with the Brevard County Office of Emergency Management, I hereby authorize any employee or authorized representative of the Brevard County Board of County Commissioners, the Brevard County Sheriff's Office, or the Florida Department of Law Enforcement bearing this release, or copy thereof, to obtain any information in your files pertaining to my criminal history records and/or my previous volunteer history/status with your company/agency/department/office.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including officers, employees, and 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 information, or my attempt to comply with it.

A photocopy of this form will be as effective as the original. This authorization will remain in force & effect until such time as it is revoked in writing by me.

Signature of Applicant

Date of signature

Signature of Witness

Date of signature