

OKLAHOMA COUNTY JUVENILE BUREAU
Authorization for Release of Information

Applicant: _____
(Last Name) (First Name) (Middle Name)

Maiden Name, if applicable: _____

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Sex: _____ Race: _____
(Month/Day/Year)

Social Security #: _____

Driver's License #: _____ Issuing State: _____

This authorization is in compliance with the Privacy Act of 1974 (Public Law 93-579). The information you authorize to be released will be used to verify information provided in your application and is necessary for a specific position. If any information you have provided is determined to be false after acceptance, your program will be terminated immediately. Information determined to be false prior to acceptance will result in your not being placed with the program.

The information obtained as a result of our signature on this authorization will be furnished to the designated officers and employees of Oklahoma County to verify information necessary to process your application.

This authorization for Release of Information constitutes my consent and authority to examine and/or obtain copies and abstracts of records and to receive statements and information regarding my background. I hereby authorize the release of the following data, records, and information to Oklahoma County:

Military, Education, Police & Criminal, and Employment.

Military, education, police & criminal, and employment information must be verified on every person working or volunteering in the juvenile system.

Signature of Applicant

Date