

OKLAHOMA COUNTY JUVENILE BUREAU
Authorization for Release of Information

APPLICANT NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

BIRTHDATE: _____ SEX: _____ SOCIAL SECURITY #: _____
(Mo./Day/Yr.)

DRIVERS LICENSE #: _____ ISSUING STATE: _____

This authorization is in compliance with the Privacy Act of 1974 (Public Law 93-579). The information you authorize released will be used to verify information provided in your employment application or upon hiring which is necessary for employment in a specific position. If any information you have provided is determined to be false after the hiring process is completed you will be terminated immediately. Information determined to be false prior to hiring will result in your not being hired.

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

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. Only items marked will be released.

Military, education, police & criminal and employment information must be verified on every person hired. Credit will only be checked if credit worthiness is necessary to be employed in your position.

EMPLOYMENT X EDUCATION X POLICE & CRIMINAL X
CREDIT MILITARY X

SIGNATURE OF APPLICANT: _____ DATE: _____

REQUESTING AGENCY: Oklahoma County
Department: JUVENILE BUREAU
5905 N. Classen Ct., Room 201
Oklahoma City, OK 73118

Form 81792