

Gloucester County Sheriff's Office

E. S. Gentry
Sheriff

"An Accredited Agency"

To: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, or Medical Association:

United States Armed Forces, Maritime Service, or Veterans Association:

Any Academic Dean, Registrar, Principal, Guidance Counselor, or any authorized person at any; School, College, University, Business School, Trade School, High School or Elementary School:

Any Local, State, or Federal Law Enforcement Agency, Any past or present employer, Credit Bureau or Retail Merchants Association, United States Selective Service System or any other person or organization not listed.

I, _____, (address) _____ have applied for employment with the Sheriff's Office of the County of Gloucester, Virginia. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic records, criminal history, and driving records) to the Gloucester Sheriff's Office Applicant Investigator or his representative upon presentation of this release or copy thereof.

Date of Birth: ___/___/___ Place of Birth: _____

Social Security #: _____ - _____ - _____ Armed Forces #: _____

Signature of Applicant: _____

Given under my hand, this _____ day of _____, 20____.

Notary

My Commission expires _____

THIS FORM MUST BE NOTARIZED AND ATTACHED TO APPLICATION