



Riverside Regional Jail

AUTHORITY FOR RELEASE OF INFORMATION

RIVERSIDE REGIONAL JAIL
500 Folar Trail
North Prince George, Virginia 23860

TO WHOM IT MAY CONCERN:

I hereby authorize any duly accredited representative of the Riverside Regional Jail bearing this release or a copy thereof, to obtain any information from schools, residential management agents, employers, criminal justice agencies, credit references, or individuals relating to my activities. The information may include, but is not limited to, academic, disciplinary, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use of the Riverside Regional Jail and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which; may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

SIGNATURE (FULL NAME): _____

FULL NAME (PRINT): _____

OTHER NAMES USED: _____

SOCIAL SECURITY NUMBER: _____ D.O.B.: _____

DATE: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

Furnishing the requested information is voluntary, but failure to provide all of part of the information may result in a lack of further consideration for employment, or in the termination of your employment.

Do Not Write Below This Line

COMMONWEALTH OF VIRGINIA CITY/COUNTY OF _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC MY COMMISSION EXPIRES _____