

**AUTHORITY FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or duly accredited representative of the Office of Background Investigations (OBI) bearing this release, or a copy thereof, to obtain any information from law enforcement/criminal justice agencies and report the results of such search to the agencies, facilities, or individual(s) authorized to receive same. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Office of Background Investigations (OBI) and may be disclosed to such third parties as indicated below in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature that 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): \_\_\_\_\_

Print Name (Full Name): \_\_\_\_\_

Other Names Currently  
or Previously Used: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ Date: \_\_\_\_\_

Release to: \_\_\_\_\_  
(Facility or Agency)