



COMMONWEALTH of VIRGINIA

Department of Criminal Justice Services

Date

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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, have applied for employment with a Virginia law enforcement agency. I do hereby, authorize and request a review of and a full disclosure of all records, or any part thereof, concerning me, by and to any duly authorized agent of the Virginia Department of Criminal Justice Services, whether the said records are of a public, private or confidential nature.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act, as amended with regard to access and to the disclosure of training and employment records and I hereby waive those rights.

_____	Address: _____
Name	_____
_____	_____
Signature	Date of Birth: _____ SSN: _____
State of _____	County of _____

Affidavit

I, _____, Notary Public in and for the County and State aforesaid, hereby certify that, on this _____ day of _____, 201____, the Affiant herein, _____, did personally appear before me and duly executed the foregoing document in my presence.

Notary Public

My commission expires: _____