

**Sheriff Jerry Greene**  
**Mahoning County Sheriff's Office**

**AUTHORIZATION FOR FULL DISCLOSURE**

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Mahoning County Sheriff's Office, whether the said records are of public, private or confidential in nature.

The intent of this authorization is to give my full consent for full and complete disclosure of the records of education institutions; financial or credit institutions and the records of commercial or retail credit agencies (including credit reports and/or ratings); employment and pre-employment records, including background reports, polygraph examinations, efficiency ratings, performance evaluations, attendance records, military service records, investigator files, disciplinary records, complaints filed against me, salary records, data contained with the application of employment; real and personal property tax records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest including any files which are deemed to be confidential, expunged or sealed pursuant to 2953.33 of the Ohio Revised Code.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing background investigation which may provide pertinent data for the Mahoning County Sheriff's Office to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Mahoning County Sheriff's Office and will not be returned to me.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Mahoning County Sheriff's Office in conjunction with employment procedures.

For and in consideration of, the Mahoning County Sheriff's Office acceptance and processing of my application for employment, I agree to hold the Mahoning County Sheriff's Office, its

agents and employees harmless from any and all claims and liability associated with the application for employment or in any way connected with the decision whether or not to employ me with the Mahoning County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy, facsimile or other electronic reproduction of this form will be valid as an original thereof, even though the said photocopy, facsimile or other electronic reproduction does not contain an original writing of my signature or witness there.

This waiver is valid for a period of **two** years from the date of my signature.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**Last Name:** \_\_\_\_\_ **First name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

\_\_\_\_\_  
***MUST BE SIGNED IN THE PRESENCE OF A NOTARY:***

Sworn to before me and Subscribed in my presence this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

**My Commission Expires:**

\_\_\_\_\_

\_\_\_\_\_  
**Notary Public**