

APPLICANT RELEASE OF INFORMATION AUTHORIZATION

This form must be notarized

To: **Marathon County Sheriff's Office**

From:

(Applicant- type or Print Name)

1. I understand that I am applying for employment with the Marathon County Sheriff's Office, Wausau, Wisconsin, and acknowledge that the burden of proving my qualifications for such employment is at all times upon me. I further understand that a full investigation will be made of my background and character by the Marathon County Sheriff's Office, as agent of and for use by the Marathon County Sheriff's Office, and I accept any risk of adverse public notice, embarrassment, criticism, or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.
2. I hereby authorize and request all persons, to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Marathon County Sheriff's Office, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed officer of the Marathon County Sheriff's Office to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
4. 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, damage, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.
5. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

I authorize Marathon County Government to obtain from any source any information requested.

Signature _____

Only Sign in the presence of a Notary

Date _____