

**LANCASTER SHERIFF'S OFFICE
Citizens' Police Academy**

RELEASE OF INFORMATION

To the Applicant:

Completion of this form, including notarized signature, is voluntary, however, acceptance into the Citizens' Police Academy may be denied for failure to execute this authorization for release of information.

I authorize the Sheriff of Lancaster County, Virginia to perform a background investigation in connection with my application for the Citizens' Police Academy.

By my signature, I authorize the release of any and all information requested from any person, firm, office, and school, including but not limited to criminal history records, financial records, medical records and scholastic records. A copy of this release shall be accepted as the original. I understand and agree that any portion or all of such information so received by the Sheriff of Lancaster County in connection with my application and background is confidential and may not be disclosed to me.

This authorization shall be valid for 6 months from the date of execution.

Name _____

Signature _____

Commonwealth of Virginia, County of Lancaster:

On this _____ day of _____, 2____ the individual identified above personally appeared before me, and affixed his signature.

Notary: _____

My Commission Expires: _____