



AUTHORIZATION FOR RELEASE OF INFORMATION



I, _____
 LAST FIRST MIDDLE DOB

 ADDRESS SOCIAL SECURITY NUMBER

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by / to any duly authorized agent of the Maryland State Police, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including, not limited to the records and recollections of attorneys at law, or of other counsel who represent or have represented myself or another person in any case in which I presently have, or have had an interest.

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of military record to the Maryland State Police, information or photocopies from my military personnel and related medical records, or only the following information/records _____. This could include a photocopy of my DD214, Report of Separation.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signatures. I agree to indemnify and hold harmless employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

 Applicant's Signature Date

On this _____ day of _____, 20____, before a Notary Public, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the people whose name is subscribed to the within instrument and acknowledged that he/she executed the same in the capacity therein stated and for the purpose therein contained. In witness whereof, I here unto set my hand of official seal.

 Signature of Notary Public

Official Seal
 Must be Affixed