

Cardinal Criminal Justice Academy

Pre-employment Training Program

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, an applicant to the Cardinal Criminal Justice Academy pre-employment training program for:

\_\_\_\_\_ Law Enforcement \_\_\_\_\_ Jailor/Civil Process/Court Security \_\_\_\_\_ Dispatcher \_\_\_\_\_ Animal Control

in consideration for being allowed to participate in Cardinal Criminal Justice Academy's program of law enforcement training for civilians:

I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me, including a transcript of any academic work, criminal and driving record information, and any other records, to the Cardinal Criminal Justice Academy and its agent upon presentation of this release or copy thereof to any of the following entities:

1. Any criminal justice agency located in Virginia or any other state or commonwealth to include Police Departments, Sheriff's Offices, Department of Motor Vehicles, and Court or
2. Any Physician, Psychiatrist, Psychologist, Social Worker, Medical Association, US Armed Forces, Maritime Service, Veteran's Administration, Institution, or
3. Any Academic Institution, Dean, Registrar, Principal, Guidance Counselor, School Board, other authorized person at school (College, Business, Trade or High School) or
4. Any past or present Employer, Credit Bureau or Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Agency, or the U.S. Selective Service System.

Social Security #: \_\_\_\_\_

Motor Vehicle Operator's License #: \_\_\_\_\_

(If different from Social Security #)

Selective Service # (if any): \_\_\_\_\_

Military Serial #/Social Security #: \_\_\_\_\_

Veteran's Administration Claim # (if any): \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, Notary for the State of Virginia do hereby

witness the signature of \_\_\_\_\_ who appeared

before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_.