

Prince George's County Volunteer Fire/EMS  
Office of the Fire Commission

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I \_\_\_\_\_, do hereby authorize the release, review and full disclosure of all records, or any part thereof, concerning myself, to any duly authorized agent or contracted agency of the Prince George's County Fire/EMS Department, the Prince George's County Police Department, or the Office of Personnel and Labor Relations, whether the said records are of public, private or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any:

- EDUCATIONAL INSTITUTIONS
- MEDICAL, PSYCHOLOGICAL AND PSYCHIATRIC REPORTS OF CONSULTATION, TREATMENT AND EVALUATION AT OR BY ANY HOSPITAL, CLINIC, PRIVATE PRACTITIONER AND THE U.S. VETERANS ADMINISTRATION.
- RECORDS OF COMPLAINT, ARREST, TRIAL AND/OR CONVICTIONS FOR ALLEGED OR ACTUAL VIOLATIONS OF LAW, INCLUDING CRIMINAL AND/OR TRAFFIC RECORDS, AND, RECORDS OF COMPLAINT OF A CIVIL NATURE MADE BY OR AGAINST ME, WHERESOEVER LOCATED, IN WHICH I HAVE EVER BEEN A PARTY OR HAD AN INTEREST.

It is my specific intent to provide access to personal information and to release copies and abstract, however personal or confidential they may appear to be, and the sources of information specifically enumerated about are not intended to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation which may provide pertinent data for the Prince George's County, Maryland, Fire/EMS Department to consider in determining my eligibility for membership with that Department.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person(s) to whom this request is presented, as well as his agents and 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.

(over)

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This release form and any photocopy of this release form, even though the said photocopy does not contain and ORIGINAL writing of my signature, will be valid and should be honored for a period of one (1) year from the date of my signature.

NOTARY

\_\_\_\_\_

\_\_\_\_\_  
My Commission Expires

Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Birthdate \_\_\_\_\_

SSN \_\_\_\_\_

Date \_\_\_\_\_

P.G. Form #4564 (12/99)