# *Hampton Division of Fire & Rescue*
## *Authorization for Release of Information*

TO: Any doctor, hospital, medical association, US Armed Forces, Maritime Service, Veterans Administration; or any academic dean, registrant, principal, guidance counselor, or authorized person at a school (college, business, trade or high school); or any past or present employer, credit bureau or retail merchant's association, bank, financial institution or other credit extending agency; or any other State, Federal, County or City agency or municipality

_____

First Name | Middle Name | Last Name | Maiden Name

_____

Street Address | City/Town | State | Zip Code

I, _____ have applied for a volunteer position with the City of Hampton, Division of Fire & Rescue. I am aware that my entire background will be investigated. I hereby authorized and request the release of any and all information or documentation you have concerning me to Hampton Division of Fire & Rescue, or its agent(s) upon presentation of this signed release or a copy hereof.

I am further aware that after the execution of this document, the investigation initiation and conclusion dates are undetermined; therefore, I authorized this document to be recognized as valid until such time as my background investigation has been completed.

Social Security Number: _____

Armed Forces Number (if applicable): _____

Veterans Administration Claim Number (if applicable): _____

Given under my hand this _____ day of _____, _____

_____

Signature (Sign before notary public)

_____

Parent/Guardian Signature (if under 18)

State of _____, City/County of _____

Acknowledged before me this _____ day of _____, _____

_____ _____

Notary Public Signature | Notary Number

My Commission Expires: _____

Release of information subject to this authorization is not in conflict with the Fair Credit Reporting Act, Public Law 92-508, nor Virginia statutes relating to the Government Data Collection and Dissemination Act.