

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any duly accredited representative of the U.S. Office of Personnel Management to obtain information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or similar sources of information. This information is limited to my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information when this authorization is accompanied by an official request from the specific Federal agency named above, regardless of any previous agreement to the contrary. Such release is voluntary on the part of custodians unless the request is also accompanied by a valid court order.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for six (6) months from the date signed.

Signature (<i>Sign in ink</i>)		Full Name (<i>Type or print legibly</i>)		Date signed
<input type="text"/>		<input type="text"/>		<input type="text"/>
Other Names Used				Social Security Number
<input type="text"/>				<input type="text"/>
Current Address (<i>Street, City</i>)		State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>)
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

