Gary T. Maha
Sheriff

Genesee County Sheriff's Office
MEMORANDUM

William A. Sheron, Jr.
Undersheriff

165 Park Rd., Batavia NY 14020
(585) 345-3000

Authorization for Release of Information

I, _____, hereby authorize and request
(Print Full Name)
the release of any and all information you may have that concerns me to a representative of
_____. The information is requested for my
(Name of Individual, Company or Agency requesting information)
background investigation, and shall be valid for a period of one year from the date of the execution of this document.

Name: _____
Address: _____
City, State & Zip: _____
Telephone #: _____
Date of Birth: _____
Race: _____
Sex: _____
Social Security No: _____

Indicate any other name (last name) by which you are of have been known:

_____

_____ Witness Signature

_____ Signature

NOTE: Every effort to complete this request will be within 7-10 working business days from the date of receipt.