



**County of Fauquier
Department of Fire & Emergency Services**

62 Culpeper Street
Warrenton, VA 20186
Tel. (540) 422-8800 Fax (540) 422-8819



PERMISSION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any authorized representative of the Fauquier County Department of Fire & Emergency Services bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment (including any grievance records), volunteer service, military service, educational records, credit records, (including credit card and payment device numbers), and law enforcement records. I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Fauquier County Department of Fire & Emergency Services. Consent is granted for the Fauquier County Department of Fire & Emergency Services to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis. I have been advised that the Fauquier County Department of Fire & Emergency Services will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

I release all agents, officers, and employees, and Fauquier County, its employees, agents, officers, and volunteers from any claims or liability resulting in any manner or arising out of these requests for information and use.

DO NOT SIGN or date this document until you are in the presence of a Notary Public.

Full Name (print or type): _____

Social Security Account Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____
Address City, State, ZIP Code

Telephone: _____ E-Mail Address: _____

Given under my hand, on this day,

Signature Date

Signature of Parent/Guardian if under 18 Date

Print Name of Parent/Guardian

CERTIFICATE OF ACKNOWLEDGEMENT

COMMONWEALTH OF VIRGINIA
County/City of _____, to-wit:

This day, _____ personally appeared before me and acknowledged his/her signature to the above statement.

Notary Public

SEAL

My commission expires: _____ .