BALTIMORE COUNTY FIRE DEPARTMENT

Baltimore County Fire Rescue Academy

1545 Sparrows Point Blvd.

Sparrows Point, Maryland 21219

410-887-7523 (office) 410-887-7572 (fax)

AUTHORIZATION FOR RELEASE OF INFORMATION
(PLEASE PRINT LEGIBLY)

I,_____

Last Name First Name Full Middle Name

Do hereby authorize a review and full disclosure of all records or any part thereof, concerning myself by/to any duly authorized agent of the Baltimore County Fire Department whether the said records are public or private, and including those, which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information, which will be utilized for investigative resources material.

I authorize the full and complete disclosure of the records of educational institutions; financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the US Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment records including background investigation reports, efficiency ratings, complaints or grievances filed by or against me; records, if complaints of a civil nature made by or against me, and including, but not limited to the records and recollections of attorneys at law, or of other counsel representing myself or another person in any case in which I presently have, or have had interest.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Applicant Signature	Date

Address			City	State	Zip Code
Ethnic	Gender	D.O.B.	Social Security No.		Home Phone
Driver's License No.			State	Class	Work Phone

Witness:

Form #230 5/09