## **BREVARD COUNTY EMERGENCY MANAGEMENT**

## Authority for Release of Information (Limited Background Investigation Waiver)

**TO: Concerned Person or Authorized Representative of Any Organization,** Institution, or Repository of Records.

Applicant's Full Name:			
First	Middle	Last	
Include other name(s) wh	ich the Applicant ma	ay be known by:	
Applicant's Race/Sex:	Applicant's	Date of Birth:	
Applicant's current addre	ess:		
Applicant's Driver's Licer (also specify state if not F			
Agency contact person/P	X #:		
In connection with my Office of Emergency Marepresentative of the B County Sheriff's Office, release, or copy therecord company/agency/departs	anagement, I here revard County Boa or the Florida Dep of, to obtain any in Is and/or my prev	by authorize any e ard of County Comr partment of Law Er nformation in your	employee or authorized missioners, the Brevard aforcement bearing this files pertaining to my
I hereby direct you to release is executed wit for the official use of t furnish such information fulfilling its official resp	th full knowledge a the requesting age on, as is described	and understanding ncy. Consent is gra	that the information is inted for the agency to
I hereby release you employees, and related all liability for damages heirs, family or associatinformation, or my attention.	personnel, both in of whatever kind tes because of com	ndividually and col , which may at any pliance with this au	lectively, from any and time result to me, my
A photocopy of this for remain in force & effect			
Signature of Applicant		Date of signature	<del></del>
Signature of Witness		Date of signature	