**OFFICE OF HUMAN RESOURCES**

AUTHORITY FOR RELEASE OF INFORMATION

As an applicant for a position with the Maryland Department of Health, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the Department to investigate my past work history, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications.

I direct you to release such information upon request of the duly accredited representative of the Maryland Department of Health and Mental Hygiene regardless of any agreement I may have made with you previously to the contrary and regardless of any other legal obligation that you may be subject to regarding the release of such information.

I understand that the information you release is for official use by the Maryland Department of Health, and that the Maryland Department of Health may disclose the information you release as authorized by law.

I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINTED DATE**

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**SIGNATURE**

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**WITNESS DATE**

NOTE: Consequences for failing to grant this release or for fraudulent or irregular information may include, but are not limited to, non-selection, decertification, termination of employment in situations where employment has begun, notification to the Secretary, and criminal prosecution.