

**Authorization for Release of Records**

To: Tioga County Sheriff's Office  
103 Corporate Drive  
Owego, New York 13827

I, \_\_\_\_\_, (DOB) \_\_\_\_\_, do hereby authorize the release of any and all records on file with your agency, regarding any activity (contact) your agency may have had with me, including, but not limited to any arrest records; criminal complaints, and; record of incarceration.

I authorize the release of this information to my employer \_\_\_\_\_, or the following organization \_\_\_\_\_ located at \_\_\_\_\_, for the purpose of a background check.

Authorization/Release

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the subscriber, \_\_\_\_\_, known to me to be the person described in the foregoing instrument and who executed same, and (s) he duly acknowledged that (s) he executed same.

\_\_\_\_\_  
Notary Public