



**PINAL COUNTY ATTORNEY'S OFFICE**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, **Do Hereby Authorize** any and all persons, employers, partnerships, corporations and civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state, and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a volunteer or employee. This includes but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior, and fitness for duty.

This authorizes release to the **Pinal County Attorney's Office**. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. **I Do Hereby Release** from any and all liability, all persons or entities disclosing information pursuant to this release.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sworn and Subscribed to before Me This** \_\_\_ Day of \_\_\_\_\_

**By:** \_\_\_\_\_

**State of:** \_\_\_\_\_ **County of:** \_\_\_\_\_

**Signature of Notary Public:** \_\_\_\_\_