

**MONROE COUNTY GOVERNMENT
(AUTHORIZATION TO RELEASE INFORMATION)**

| | | | |
|------------------------|---------------|-----------------|----------|
| Last Name | First Name | Middle Name | |
| Address | City | State | Zip Code |
| Social Security | Date of Birth | Race | Sex: M F |
| Drivers License Number | State Issued | Expiration Date | |

ALCOHOL AND CONTROLLED SUBSTANCE

As a condition of services by Monroe County Government, you will be required to submit to an alcohol controlled substance test. Volunteers must, as a condition of services, abide by the policy regarding the effects of drug use and the unlawful possession of controlled substances. Volunteers must report any conviction under a criminal drug statute for such violations. A report of the convicted must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to perform services by the Monroe County Government, you must successful pass this screening test. By signing this form, you are acknowledging that you consent to such an examination and screening test.

_____ Date _____
Signature

CRIMINAL HISTORY

I hereby authorize Monroe County Emergency Services to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

_____ Date _____
Signature

FOR OFFICIAL USE ONLY

PUR/C or J: C is used for Public Safety only. (Law Enforcement, Firefighter, etc.) J is used for employment check for Criminal Justice Employment.

Case Number _____ Dispatchers Initials and Badge Number _____

DRIVING HISTORY

I hereby authorize the Monroe County Board of Commissioners and other authorized representative of Monroe County bearing this Release or a copy thereof, within twelve (12) months of its date, to obtain any information pertaining to my driving record. This release is executed with full knowledge and understanding that the information is for official use of Monroe County. Consent is granted for Monroe County to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities. Should there be any questions as to the validity of this release, you may contact me as indicated above. I hereby authorize my current and former employers to provide Monroe County and its agents any and all information that they may request. I hereby release those employers from liability for providing such information.

_____ Date _____
Signature