

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby direct you to release the information described on the reverse of this form upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the California Department of Corrections and Rehabilitation.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it. (Additional information on reverse of this form.)

SIGNATURE	DATE
FULL NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER
CURRENT RESIDENTIAL ADDRESS (NO P.O. BOX)	(IN ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974, DISCLOSURE OF THE S.S.N. IS VOLUNTARY. THE S.S.N. WILL BE USED ONLY FOR IDENTIFICATION PURPOSES TO ENSURE THAT THE PROPER RECORDS ARE OBTAINED.)

**NOTE TO EMPLOYERS:** California Government Code Section 1031.1 specifies, in part, that:

When performing a background investigation for applicants not currently employed as peace officers, an employer shall disclose employment information relating to a current or former employee, upon the request of a law enforcement agency, if all of the following conditions are met: 1) The request is made in writing; 2) The request is accompanied by a notarized authorization by the applicant releasing the employer of liability; 3) The request and authorization are presented to the employer by a sworn officer or authorized representative of the employing law enforcement agency.

OPOS 1902-A (05/08) – Front

**THIS AREA RESERVED FOR NOTARY PUBLIC USE**

**CERTIFICATION OF ACKNOWLEDGEMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ Before me, \_\_\_\_\_  
DATE NAME, TITLE OF OFFICER – E.G. "JANE DOE, NOTARY PUBLIC"

Personally appeared \_\_\_\_\_  
NAME(S) OF SIGNER(S)

personally known to me **OR**  proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

AREA FOR SEAL

I certify under PENALTY OF PURJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
SIGNATURE OF NOTARY

TO WHOM IT MAY CONCERN:

Having made application for employment with the California Department of Corrections and Rehabilitation and desiring it to be informed as to my previous record and character, I hereby authorize any authorized representative of the California Department of Corrections and Rehabilitation bearing this release, or a copy of it, within two years of its date, to obtain any information in your files pertaining to my employment, preemployment, military, arrest, conviction, driving, financial or education history, including but not limited to, academic achievement, attendance, athletic performance, personal history, performance reports, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, child support records, public assistance records, alimony records, State and Federal income tax records.

I also hereby authorize any authorized representative of the California Department of Corrections and Rehabilitation bearing this release or a copy of it, within two years of its date, to obtain any medical records or information in the files of my current or former employer(s) or any current or former physician(s), or both, if a statement of conditional job offer of employment is attached to this release.

Consent is granted for the California Department of Corrections and Rehabilitation to furnish the information described above to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any state or federal law enforcement, criminal justice, social service or tax collection agency, school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or other related personnel both individually and collectively from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me at the address provided with my signature.