

UPSON COUNTY GOVERNMENT

PERSONAL HISTORY CONSENT

I do hereby authorize the review of, and full disclosure of all records pertaining to me, to duly authorized agent(s) of **Upson County Government**.

The intent of this authorization is to give my consent for full and complete disclosure of the records which may be in the files of any State or Local Criminal Justice Agency; educational institutions; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and U.S. Veterans Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for *Upson County*. I certify that any person(s) who may furnish such information pertaining to me shall not be held liable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

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

Name (Printed)		Social Security Number
Maiden Name		Georgia Drivers License
Address		Signature
City	State Zip	Date
Sex (Male / Female)		Race
Date of Birth		Telephone Number

I understand that this information may be obtained through the use of this waiver at any time during which my application or certification is maintained through *Upson County*.