

Johnson County Sheriff's Office  
Investigations Division  
P.O. Box 609, Franklin, IN 46131

## **Applicant's Request / Waiver To Release Information**

I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to a duly appointed Deputy Sheriff of the Johnson County Sheriff's Office.

I am aware that this information may be of personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges, which may attach to such communication or disclosure and release all persons, firms and corporations from all claims of any nature as a result of said communications or disclosure. Information to be disclosed:

- ❖ Medical Records
  - ❖ Mental Records
  - ❖ Financial Records
  - ❖ Past / Present Employment Records
  - ❖ Organizational Memberships
  - ❖ Criminal History Check
  - ❖ Educational Check
  - ❖ Any background material / information relevant to reputation and/or moral character
- ❖ These records will be retained on file at the Johnson County Sheriff's Office.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of Indiana            )  
  )     SS:  
County of Johnson         )

Subscribed and sworn to before me, a notary public, in and for the County of \_\_\_\_\_  
and the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_

My Commission Expires:  
\_\_\_\_\_

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

\_\_\_\_\_  
Printed