



# SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

## LICENSING DIVISION

9621 Ridgehaven Court, PO Box 939062  
San Diego, CA 92193-9062



## AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

Subject Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

As an applicant for a business permit/license from the San Diego Sheriff's Department, I am required to furnish information for use in determining my qualifications. In this connection, I authorize the disclosure and release of any and all truthful information that you may have with regards to myself, including, but not limited to, employment records, personnel files, background investigation files, disciplinary records, complaints, or grievances filed by or against me, training files, arrest, criminal, probation and driving records, military, academic or other records.

I direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the San Diego County Sheriff's Department.

I understand I will not receive and am not entitled to know the contents of confidential reports received and I further understand that these reports are privileged. (Gov. Code 6254 (f))

I hereby release you, your organization, their agents and representatives, and any person furnishing information, from any and all liability and/or damage that may result from furnishing the above information. A photocopy of this release is to be considered as valid as an original. This release will expire one (1) year after the date signed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (Printed): \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_