



STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

Authorization for Release of Information

I, _____
Last First Middle DOB

Address

Social Security No.

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Maryland Capitol Police, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resources material.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, psychiatric facilities, clinics, private practitioners, and medical records that a health care provider has received from another provider; the U.S. Veterans' Administration, and all military facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including, not limited to the records and recollections of attorneys at law, or of other counsel who represent or have represented myself or another person in any case in which I presently have, or have had an interest.

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of military record to release to the Maryland Capitol Police, information or photocopies from my military personnel records and related medical records. This could include a photocopy of my DD214, Report of Separation.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original of my signature. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request. This authorization is valid for one year from the date of my signature.

Applicant's Signature Date

STATE OF MARYLAND, COUNTY OF _____

On this _____ day of _____, 20_____, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness hereof I hereunto set my hand and official seal.

NOTARY PUBLIC
Print Name: _____

My Commission Expires: _____

Official Seal
Must be Affixed