

## AUTHORIZATION FOR LOCAL, STATE OR FEDERAL GOVERNMENT TO RELEASE INORMATION TO MONTGOMERY COUNTY GOVERNMENT

\_\_\_\_, the undersigned, hereby waive my rights under the Privacy Act, 5 U.S.C. 552 a(supp.IV,

| 1974), and authorize the disclosure  | of any and all information maint    | ained by any government ago                | ency subject to the Priva           | cy Act,     |
|--|-------------------------------------|--|-------------------------------------|-------------|
| which such agency sees fit to conve  | y, either orally or in writing to M | ontgomery County Governme                  | ent or its designated repr          | esentative. |
| hereby waive any rights I may have   | e under the Privacy Act prior no    | tice of such disclosure or any             | rights I may have to an a           | accounting  |
| of such disclosure.  |                                     |  |                                     |             |
| understand that this consent will be   | e used by Montgomery County (       | Government to request disclo               | sure of information perta           | ining to me |
| rom any or all Local, State or Feder   | al agencies. I understand that the  | he scope of the information m              | nay include, but is not lim         | ited to the |
| ollowing areas; verification of social   | security number; current and p      | revious residences; employm                | nent history; education ba          | ackground;  |
| character references; drug testing; c  | ivil and criminal history records   | from any criminal justice age              | ncy in any or all federal,          | state,      |
| county jurisdictions; driving records;   | birth records and any other put     | olic records.                              |                                     |             |
| This information is to be obtained for   | r the purpose of conducting a b     | ackground investigation for vo             | olunteer services with the          | <b>Э</b>    |
| MONTGOMERY COUNTY VOLUNT   | EER FIRE SERVICE. The follo         | wing is my true and complete               | e legal name and all infor          | mation is   |
| rue and correct to the best of my kn   | owledge.                            |  |                                     |             |
| Name (please print):   | GOVIE                               | RYC  | OUN                                 | ΓY          |
| Aliases (maiden name &/or other name   | s used):                            | SSEE                                       |                                     |             |
| Current Address (street, city, state, zip,   | county, number of years at addres   | ss):                                       |                                     |             |
| Social Security #:   |                                     | Date of Birth:/                            | /                                   |             |
| Gender: Hei  | ght:ftin.                           | Weight:lbs.                                | Race:                               |             |
| Hair Color: Eye  | e Color:                            | Place of Birth:                            |                                     |             |
| Oriver's License #:  |                                     | State of Issuance:                         |                                     |             |
| Narning to Applicants: By your signature you are removal from Montgomery County Fire Service o |                                     | provided is truthful and complete. Falsifi | cation of information can result in | n denial or |
| Signature  |                                     | Date                                       |                                     |             |
|  |                                     |  |                                     |             |

Department of Human Resources
1 Millennium Plaza, Suite 111
Clarksville, TN 37040
Phone 931-648-5715 • Fax 931-920-1816

Date

Witnessed By