



James R. Clarke, Jr.  
Sheriff

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# ISLE OF WIGHT COUNTY SHERIFF'S OFFICE

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P.O. Box 75 · 17110 Monument Circle · Isle of Wight, VA 23397  
Phone (757) 357-2151 • Fax (757) 357-0706



## **Authorization for Release of Information**

To: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, and  
Medical Association

Any Academic Dean, Registrar, Principal, or Authorized Person at any  
School, College, University, Business, Trade School, High School, or  
Elementary School

Any Local, State or Federal Law Enforcement Agency

Any Past or Present Employer

Credit Bureau or Retail Merchants Association

I have applied for employment with the Isle of Wight County Sheriff's Office. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me to the Sheriff's Office Applicant Investigator or his representative upon presentation of this release or copy thereof.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

\_\_\_\_\_  
Signature Authorizing Release