



**LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
DIVISION OF COMMUNITY CORRECTIONS
HUMAN RESOURCES DEPARTMENT**

AUTHORIZATION RELEASE

I, _____ (Date) _____

Having made application for employment with the Lexington-Fayette Urban County Government, Division of Community Corrections, and desiring that they be informed of my personal records pertinent to their investigation, hereby authorize an investigation into all records which may be of interest to them. This authorization includes, but is not limited to: Medical, Criminal, Employment, Hospital, School, and Credit Records, whether privileged or not. This authorization is executed in consideration of the Lexington-Fayette Urban County Government, Division of Community Corrections personnel board considering my application and shall serve as a release of all liability to all parties furnishing such information to the Lexington-Fayette Urban County Government, Division of Community Corrections, and the authorized agents.

In the event my application is disapproved or I am not selected, the sources of any confidential information will not be revealed to me.

A photocopy of this release shall be considered as effective and binding as the original hand executed copy.

SIGNATURE _____

STREET: _____

CITY: _____

STATE: _____

ZIPCODE: _____

SOC. SEC# _____

DOB: _____

