



201 E. Market Street | Charlottesville, VA
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**AUTHORIZATION FOR RELEASE OF PERSONAL RECORDS
AND INFORMATION CONSENT FORM - VOLUNTEERS**

I, hereby, authorize Jefferson-Madison Regional Library (JMRL) and/or their appointed designee to obtain and/or receive any criminal history record and/or driver history record information pertaining to me which may be in the files of any state or local criminal justice agency in any state within these United States or in any other country.

I also authorize any authorized representative of JMRL bearing this release, or copy thereof, within one year of its date, to obtain any information and/or records concerning myself, whether the said information and/or records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records and information permit my records to be examined, copied or otherwise reviewed.

1. Information and/or records from any educational institution that I have attended including, but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary actions.
2. Information and/or records pertaining to my employment, past and/or present, but not limited to, current and past employment records, polygraph reports and charts, background records, efficiency rating, complaints or grievances filed by or against me, disciplinary records, and personal history. I also authorize the release of any information concerning pre-employment records for which I am currently or have been an applicant or candidate; these records/information include, but are not limited to, polygraph reports and charts, background reports, and any other information included in my pre-employment file.
3. Information and/or records pertaining to my personal history past and/or present, including but not limited to, birth records, marriage and/or divorce documents, and name changes wherever filed.

A photocopy of this original signed release form will be valid.

This release is executed with the full knowledge and understanding that the information is for the official use of JMRL. Consent is granted to JMRL to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

I, hereby, waive and release any claims against any party which I may have as the result of the release of records or information referenced in this Authorization and acknowledge that no party shall have any liability to me as a result of complying with a request for such information and records.

[Over]

I am furnishing my social security account number on a voluntary basis with the understanding that federal statute or regulation does not require such. I have been advised that this number will be used only to facilitate the location of above (on reverse side) information and records concerning me in connection with this application. Intellicorp Records provides JMRL the requested information.

This document contains two type written pages.

First Name: _____

Middle Name: _____

Last Name: _____

Former Last Name: _____

Street Address: _____

City, State, Zip Code: _____

Date of Birth: _____

Social Security Number: _____

Signature: _____

Date Signed: _____



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