

**STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES POLICE**

AUTHORIZATION OF RELEASE OF INFORMATION (Please print)

I, _____
 LAST FIRST MIDDLE RACE SEX

DATE OF BIRTH ADDRESS

CITY/STATE/ZIPCODE SOCIAL SECURITY NUMBER

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

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 attorney's fees arising out of or complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Witness

Applicant

Address

Date