



# LINCOLN parish police jury

EDUCATION • INDUSTRY • AGRICULTURE • GAS WELLS • TIMBER • PEACHES • CATTLE

TELEPHONE 318-513-6200

FAX 318-513-6209

P. O. BOX 979

RUSTON, LOUISIANA 71273-0979

**CONFIDENTIAL**

## AUTHORIZATION TO RELEASE INFORMATION

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ State \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Lincoln Parish Police Jury** and its designated personnel to conduct a comprehensive review of my background and previous employment for work and/or volunteer purposes. I understand that the scope of this check may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Lincoln Parish Police Jury** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Lincoln Parish Police Jury**, and any officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_