



Office of the Sheriff

County of Mathews

Sheriff April L. Edwards



TO: Any Doctor, Physician, Psychologist, Dentist, Hospital, Nursing Home or Medical Association.

U.S. Armed Forces, Maritime Service or Veteran Association

Any Academic Dean, Registrar, Principal, Guidance Counselor, or any Authorized person at any School, College, University, Business School, Trade School, High School or Elementary School.

Any Local, State or Federal Law Enforcement Agency, any past or present Employer, Credit Bureau or Retail Merchant Association, U.S. Selective System or any other person or organization.

I, _____,
Address _____,

have applied for employment with the Sheriff's Office of the County of Mathews, Virginia. 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 (including a transcript of any academic record, criminal history, and driving records) to the Mathews County Sheriff's Applicant Investigator or his representative upon presentation of the release or copy thereof.

Date of Birth: _____ Place of Birth: _____
Social Security Number: _____
Armed Forces Service Number: _____

Signature: _____

State of _____ County of _____

Given under my hand, this _____ day of _____ 20____

Notary _____

My Commission expires: _____

NOTE: THIS FORM MUST BE NOTARIZED!!