



John Thornton
SECRETARY OF STATE

**STATE OF ARKANSAS
SECRETARY OF STATE
ARKANSAS STATE CAPITOL POLICE
STATE CAPITOL BUILDING
LITTLE ROCK, AR 72201**

PHONE# 501-682-5173

FAX# 501-682-5121

AUTHORITY FOR RELEASE OF INFORMATION

					SSN#	
First Name:	Last Name	Middle Name	Sex	Race	Date of Birth	
					/ /	
Place of Birth	County or City			State	Country	

I, _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the **Arkansas State Capitol Police and Arkansas Secretary of State**, whether the said 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 records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and / or ratings); public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints and grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and / or convictions for alleged or actual violations of law, including criminal, civil and / or traffic records; the results of any polygraph examinations; records of complaint of any civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the **Arkansas State Capitol Police and Arkansas Secretary of State** to consider in determining my suitability for employment by that department. It is specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the **Arkansas State Capitol Police and Arkansas Secretary of State**. I understand that all materials pertaining to this background investigation become the property of the **Arkansas State Capitol Police and Arkansas Secretary of State** and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this report 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 by reason of 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.

Must be signed in the presence of a Notary:

Signature: _____

Subscribed and sworn before me this _____ day of _____ 20____

Street Address: _____

My Commission expires _____ 20____

City _____ State _____ Zip Code _____

Notary: _____