



OFFICE OF THE SHERIFF CITY AND COUNTY OF SAN FRANCISCO

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ROOM 456, CITY HALL
SAN FRANCISCO, CALIFORNIA 94102



**PAUL MIYAMOTO
SHERIFF**

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any official representative of the San Francisco Sheriff's Department bearing this release, or a copy of it, to obtain all information in your files pertaining to my employment, credit or education, including but not limited to academic, athletic, attendance, disciplinary, performance and personal history records, criminal history, background and internal investigations and polygraph examinations, and any and all information that you may have concerning me.

I hereby authorize any official representative of the San Francisco Sheriff's Department bearing this release, or copy of it, to obtain all medical and psychological information in the files of my current and former employers, all current and former physicians, or any other medical practitioners, and all current and former psychiatrists and psychologists, which pertains to my employment.

I hereby direct you to provide this information and allow photostatted copies to be made upon request of the bearer.

I hereby release you, as the custodian of such information, and all colleges, universities, and other educational institutions, all hospitals, clinics, practitioner offices, and other repositories of medical and psychological records, all credit bureaus, lending institutions, and consumer reporting agencies, all other business establishments, all current and former employers, all law enforcement and other governmental agencies, all proprietors, owners, officers, employees, agents, and representatives of each and all of the entities described above, individually and collectively, from all liability for damage of any kind, which may at any time result to me, my family, heirs, or associates because of compliance or attempt to comply with this authorization to release information.

I agree that I have no right to obtain official background reports prepared by the San Francisco Sheriff's Department or any external information received by way of this release.

I sign this release with full knowledge and consent that the information described above be used by the San Francisco Sheriff's Department in the course of fulfilling its official responsibilities. I further consent that the San Francisco Sheriff's Department furnishes any part or all of this information described above to third parties in the course of fulfilling its official responsibilities.

This release is valid for one year from the date entered below. I understand that I have the right to receive a copy of this release. If there is any question to the validity of this release, please call me at the telephone number listed below.

Signed: _____

Date: _____

Print Name: _____

Telephone Number: _____

Phone: 415 554-7225 Fax: 415 554-7050
Website: sfsheriff.com Email: sheriff@sfgov.org