

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorized any representative of the Arkansas Forestry Commission bearing this Release, or copy thereof, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, police records and reports, traffic violation records, and credit records. I hereby direct you to release such information upon request of the bearer. This Release is executed with full knowledge and understanding that the information is for the official use of the Arkansas Forestry Commission. Consent is granted for the Arkansas Forestry Commission to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or repository of medical, police arrest and conviction records, credit bureau, lending institution, consumer reporting agency or retail business establishment including its 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 Information, or any attempt to comply with it. I am furnishing my social security number on a voluntary basis with the understanding such is not required by statute or regulation. I have been advised the Arkansas Forestry Commission will utilize this number only to facilitate the location of employment, military, police, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this Release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Typed or Printed Name)

Social Security Number: _____ Date: _____

Current Address: _____

Telephone Number: _____

Witness: _____