

Governor's Office
Authorization for Release of Personal Information and Waiver

State of Nevada
County of _____

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Nevada Governor's Office, whether such records are of public or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Nevada Department of Taxation, and any other financial statements and records wherever filed, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

I understand that any information obtained by personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be used in determining my suitability for the appointment to or in a governmental position of trust. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Governor's Office to be a participant in the determination process of such suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may incurred as a result of furnishing such information.

I hereby release from liability and promise to hold harmless under any and all causes of legal action the State of Nevada and the Department of Public Safety, its officers, agents or employees, and any and all persons or entities who shall furnish information or opinions to the above persons or entities in the pursuance of my background investigation.

I hereby waive, without reservation, any right I may have, now or in the future, to examine, review or otherwise discover the contents of this background investigation and all related documents thereto. This waiver shall apply to any nature whatsoever that may accrue to myself, my heirs, or my personal representative.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this authorization for Release of Personal Information Document

_____	_____	
Full Legal Name	Signature	
_____	_____	_____
Residence Street Address	Sex	Race
_____	_____	
City/State/Zip	Date of Birth	
_____	_____	
Social Security Number*	Date of Authorization	

Applying for: _____
Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust

Sworn to and subscribed before me this _____ day of _____, _____

NOTARY PUBLIC My commission Expires _____

* Disclosure of a social security number is voluntary. However, if you do not disclose your social security number you will need to provide a current credit history. Please contact the Office of the Governor if you choose to provide your own credit history. Pursuant to NRS 239B.030, social security numbers will remain confidential and will only be disclosed for the purpose of coordinating a background check.

A record of conviction will not necessarily bar the applicant from appointment and the appointing authority will consider factors such as: 1) the length of time that has passed since the offense; 2) the age of the applicant at the time of the offense; 3) the severity and nature of the offense; 4) the relationship of the offense to the position for which the applicant has applied; and 5) evidence of the rehabilitation of the applicant.