



**AUTHORIZATION TO RELEASE INFORMATION
TO**

**STATE ATTORNEY'S OFFICE
THIRTEENTH JUDICIAL CIRCUIT**

I hereby authorize you to release to the State Attorney's Office, Thirteenth Judicial Circuit, any and all information that may be required for the purpose of verifying my personal background, my employment history, and my educational background. A photocopy of this release shall be considered valid.

Name (print)

Former Names/Include Maiden Name

Race

Sex

_____/_____/_____
Date of Birth

Social Security Number

Driver's License Number

Signature

Date

- **“THE STATE ATTORNEY'S OFFICE
DOES NOT PAY TRAVEL EXPENSES
FOR JOB APPLICANTS”**