

AUTHORITY FOR RELEASE OF INFORMATION (BACKGROUND INVESTIGATION WAIVER)

FOR CURRENT/FUTURE SPOUSE, DOMESTIC PARTNER, ROOMMATE(S) AND/OR FAMILY MEMBER(S) WHO RESIDE WITH YOU FOR 6 MONTHS OR MORE

FDLE APPLICANT OR MEMBER: _____

Mark the appropriate box:

Current Spouse **Future Spouse** **Domestic Partner** **Roommate** **Family Member (18 or Older)**

PRINT FULL NAME: _____

OTHER NAMES USED / MAIDEN NAME(S): _____

DATE OF BIRTH: _____

RACE/SEX: _____

ADDRESS: _____

SOCIAL SECURITY #: (Optional) _____

FDLE has asked that you provide your social security number (SSN). The decision to provide your SSN is at your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose pursuant to Section 119.071(5)(a)2.b., F.S. FDLE's request for your SSN is authorized by state law because it is imperative for the performance of FDLE's duties and responsibilities pursuant to Section 119*.071(5)(a)2.a(II), F.S.

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: **Florida Department of Law Enforcement**

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my criminal history or civil and criminal court 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 requesting agency. Consent is granted for the agency 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, credit bureau or consumer reporting agency, including its officers, employees, and 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. A photocopy of this form will be as effective as the original.

Signature of Current Spouse / Future Spouse / Domestic Partner / Roommate / Family Member

Date

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this ____ day of _____, 20____, by _____.

Notary Seal

Signature of Notary Public

Name of Notary Typed, Printed, or Stamped

Personally Known: _____ -or- Produced Identification: _____

Type of Identification Produced: _____