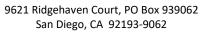


SAN DIEGO COUNTY SHERIFF'S OFFICE

LICENSING DIVISION





AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:	
Subject Name	
Date of Birth:	SSN:
As an applicant for a business permit/license from to furnish information for use in determining my question disclosure and release of any and all truthful inform including, but not limited to, employment records, disciplinary records, complaints, or grievances of criminal, probation and driving records, military, and	ualifications. In this connection, I authorize the ation that you may have with regards to myself, personnel files, background investigation files, filed by or against me, training files, arrest,
I direct you to release this information upon reque full knowledge and understanding that the inform County Sheriff's Office.	
I understand I will not receive and am not entitled received and I further understand that these report	•
I hereby release you, your organization, their a furnishing information, from any and all liability and above information. A photocopy of this release is release will expire one (1) year after the date signs	l/or damage that may result from furnishing the to be considered as valid as an original. This
Signature:	
Full Name (Printed):	
Witness:	Date [.]