



# MONTEREY COUNTY

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## PROBATION DEPARTMENT

MANUEL REAL

### AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any deputy or other authorized representative of the Monterey County Probation Department bearing this release, or copy of it, within 365 days of its date, to obtain any information in your files, or knowledge you may have, concerning me. This includes information that may, might or would otherwise be confidential, privileged and/or derogatory in nature, including but not limited to:

Employment, official employment documents, employment performance reports, internal affairs actions and documents or negative job actions files and documents, pre-employment records, character reference information, educational records and transcripts, medical information and records (pursuant to medical Information Act, Civil Code Section 56, et seq., and to Welfare and Institutions Code Section 5328), Credit history information (pursuant to the Banking Privacy and Fair credit Reporting Acts), Mental Health Records or information, polygraph reports, voice stress analysis reports, military records, arrests, convictions, law enforcement contacts, driving history and records, and any other information that you may have or possess concerning me.

This Release is executed with my full knowledge and understanding that any information you furnish is for the official use of the Monterey County Probation Department. I hereby grant consent for the Monterey County Probation Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities hereafter. I further understand that by this Authorization, I waive the right or opportunity to read, review or obtain copies of any background report prepared by the Monterey County Probation Department.

I release and hold harmless, you, your organization, its officers, agents, employees and assigns, as the custodian of such records, and any school, college, university or other educational institution, hospital or other repository of medical records, credit bureau, banking or lending institution, consumer reporting agency, law enforcement agency, security agency, or retail business establishment, from any and all liability of whatever kind (including but not limited to defamation of character and/or other forms of damage to name and reputation), which may or might at anytime hereafter result to me, my heirs, family or associates because of you and/or your organization's compliance with this authorization and request to release information, or any attempt made by you and/or your organization to comply with it.

EMPLOYERS: California Government Code Section 103.1 specifies, in part, when performing a thorough background investigation for applicants not currently employed as peace officers, an employer shall disclose employment information relating to current or former employee, upon the request of law enforcement agency.

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Names Used \_\_\_\_\_

Print Full Name

Signature

Date

1422 Natividad Road, Salinas, CA 93906

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