



JOHNSON COUNTY SHERIFF'S OFFICE

PERSONAL INFORMATION RELEASE WAIVER

Please complete the following Personal Information Release Waiver. Completed forms can be emailed to rlamm@johnsoncountyiowa.gov or mailed to Johnson County Sheriff's Office, PO Box 2540, Iowa City, Iowa 52244.

Testing Date: _____

WAIVER

TO WHOM IT MAY CONCERN:

I hereby authorize you or your designee to release information concerning me, whether on record or not, to the Johnson County Sheriff's Office.

I also hereby release any individual, partnership, firm or corporation and their officers, agents, and employees from any liability for any damage whatsoever for issuing such information.

A photostatic copy of this authorization is considered as valid as the original.

Dated this _____ day of _____, _____

VERIFICATION

The information provided above is true and accurate

Applicant Signature

Date