



Allegany County Liquor Board

701 Kelly Road, Room 104
Cumberland, MD 21502

AUTHORIZATION FOR RELEASE OF INFORMATION

(Please attach a copy of photo id)

PLEASE PRINT

|,

Last Name

First Name

Middle

Date of Birth

Gender

Address: _____

Social Security Number: _____

I do hereby authorize a review and full disclosure of all records, or any part thereof concerning myself By/to any duly authorized agent of the Allegany County Liquor Control Board or Sheriff's Office, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions; financial or credit Institution; and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those hospitals, clinics, private practitioners, the U.S. Veterans Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the conduct of and results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, including, but not limited to the records and recollections of attorney at law, or another person in any case in which I presently have, or have had an interest.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature

Applicant's Signature: _____

Date: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Address prior to current address:

Street Address: _____ City: _____ State: _____ Zip Code: _____