



Jackson County Sheriff's Department  
David Lucas, Sheriff  
P.O. Box 647 / Second & Elm Streets  
Newport, AR. 72112  
870) 523-5842 / Fax (870) 523-7418

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN,

I hereby authorize any Investigator or other authorized representative of the Jackson County Sheriff's Office bearing this release, or a copy thereof, within one year of this date, to obtain any information in your files pertaining my employment; credit or educational records including, but not limited to, academic; achievement; attendance; athletic; personal history; and disciplinary records; medical records; and credit records. I hereby direct you to release such information upon request of bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the Jackson County Sheriff's Office. Consent is granted for the Jackson County Sheriff's Office to furnish such information, as 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; lending institution; consumer reporting agency; or retail business establishment including its officers; employees; or 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.

Should there be any questions as to the validity of this release, you may contact me as indicated below.

FULL NAME: \_\_\_\_\_  
(SIGNATURE)

PARENT OR GUARDIAN: \_\_\_\_\_  
(IF REQUIRED)

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PHONE NUMBER: (     ) \_\_\_\_-\_\_\_\_

WITNESS: \_\_\_\_\_

INVESTIGATOR  
JACKSON COUNTY SHERIFF'S OFFICE