



## Department of Agriculture, Food, and Forestry

2800 N. Lincoln Blvd., P.O. Box 528804, Oklahoma City, OK 73152 (405) 521-3864

[www.ag.ok.gov](http://www.ag.ok.gov)

### Authorization to Release Information for Employment

Personal Information (Confidential)		
<b>Applicant's Name:</b>		<b>Other Names Used:</b>
<b>Date of Birth:</b>		<b>Social Security #:</b>
<b>Sex:</b>		<b>Race:</b>
<b>Address:</b>		
<b>Phone Number:</b>		<b>Email:</b>
<p><b>To Whom It May Concern:</b> I am an applicant for employment with the Oklahoma Department of Agriculture, Food, &amp; Forestry (ODAFF). ODAFF needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed. This authorization is valid for one (1) year from the date of signature.</p> <p>I hereby request and authorize you to release to ODAFF, any and all information or records concerning me, my background and personal history, my employment, education, military service, or criminal history. The intent of this authorization is to give my consent for full and complete disclosure of any and all information or records.</p> <p>A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy of FAX copy does not contain an original writing of my signature.</p> <p>I agree to indemnify and hold harmless any person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, arising out of or by reason of complying with this request. Failure to release the information requested by ODAFF may result in the discontinuance of the background investigation and the processing of my application.</p> <p>For and in consideration of the ODAFF acceptance and processing of my application for employment, I agree to hold the Department, its agents and employees, harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result to this investigation, such information may be turned over to the proper authorities.</p>		
<b>I authorize a consumer report and criminal background check.</b>		
<b>Signature:</b>		<b>Date:</b>

Agency Use Only		
<b>Position Number:</b>	<b>Job Title:</b>	<b>DL Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Director Signature:</b>		