



# City of Camden

South Carolina

1000 Lyttleton Street  
Camden, South Carolina 29020  
(803) 432-2421

\_\_\_\_\_  
(Date)

## AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY INFORMATION

Name of Individual: \_\_\_\_\_  
Last First Middle / Maiden

Name of Employer Authorized to Request Information: \_\_\_\_\_ CITY OF CAMDEN

Social Security Number of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ am aware that my background is to be investigated for potential employment, and hereby authorize and request the release of any and all information which you have concerning me to the above employer, it's subsidiaries, or it's agents upon presentation of this release or copy hereof.

I hereby release any and all of the above and The City of Camden 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.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)