

**Oklahoma Department of Corrections  
Authorization to Release Information for Employment**

Applicant's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_

To Whom It May Concern:

I am an applicant for employment with the Oklahoma Department of Corrections (ODOC). The agency 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 to the above agency.

I hereby request and authorize you to release to the ODOC, 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, including photocopies, whether private, public, confidential, or privileged, and to include the contents of investigatory files, evaluations or ratings, complaints or grievances filed against me.

A photocopy, FAX, or email copy of this release form will be valid as an original thereof, even though the said photocopy, FAX, or email copy does not contain an original writing of my signature.

I agree to indemnify and hold harmless any person to whom this request is presented and their 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 the ODOC may result in the discontinuance of the background investigation and the processing of my application.

For and in consideration of ODOC accepting and processing my application for employment, I agree to hold the agency, 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.

This authorization is valid for one (1) year from the date of signature.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

(R 06/21)