



**HALIFAX COUNTY E9-1-1 BOARD OF DIRECTORS**

P. O. Box 699  
1050 Mary Bethune Street  
Halifax, VA 24558-0699  
434-476-3334  
Fax: 434-476-5300

WENDY E. JONES  
Director  
E9-1-1 Communications  
(434) 476-1784  
hce911@co.halifax.va.us

**BOARD MEMBERS**

STEVE T. PHILLIPS  
Chairman

FRED CLARK  
Vice Chairman

BRYAN YOUNG  
STUART COMER  
RALPH MURRAY  
JEFF FRANCISCO  
RONNIE DUFFEY

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**TO: ANY DOCTOR, HOSPITAL, MEDICAL ASSOCIATION, U.S. ARMED FORCES, MARITIME SERVICE, VETERANS ADMINISTRATION, OR ANY ACADEMIC DEAN, REGISTRAR, PRINCIPAL, GUIDANCE COUNSELOR, OR OTHER AUTHORIZED PERSON AT A SCHOOL (COLLEGE BUSINESS, TRADE OR HIGH SCHOOL), OR ANY PAST OR PRESENT EMPLOYER, CREDIT BUREAU OR RETAIL MERCHANTS ASSOCIATION, AND FINANCIAL INSTITUTION OR ANY OTHER CREDIT EXTENDING AGENCY, OR THE U.S. SELECTIVE SYSTEM.**

I, \_\_\_\_\_, address \_\_\_\_\_  
(Print name) (Print address)

\_\_\_\_\_ have applied for employment with the Halifax County Communications Center. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me, including a transcript of any criminal history, driving and academic record, to the Halifax County Communications Center or its' agent upon presentation of this Release or copy thereof.

Selective Service Number, and Armed Forces Service or Serial Number, Veteran's Administration Claim Number. If any \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

Social Security Number \_\_\_\_\_

STATE OF VIRGINIA  
COUNTY/CITY OF \_\_\_\_\_

Given under my hand and seal on this the \_\_\_\_\_ day of \_\_\_\_\_, 2021, personally appeared before me \_\_\_\_\_ having acknowledged his/her signature thereof.  
My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

**TO APPLICANT: THIS FORM MUST BE SUBMITTED WITH COMPLETED APPLICATION TO BE CONSIDERED FOR EMPLOYMENT.**