



HALIFAX COUNTY E9-1-1 BOARD OF DIRECTORS

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AUTHORIZATION FOR RELEASE OF INFORMATION

TO: ANY DOCTOR, HOSPITAL, MEDICAL ASSOCIATION, U.S. ARMED FORCES, MARITIME SERVICE, VETERANS ADMINISTRATION, OR ANY ACADEMIC DEAN, TO: 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, _____, of _____
(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 _____, 2023,
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.