OFFICE OF THE STATE ATTORNEY
TWENTIETH JUDICIAL CIRCUIT

AMIRA D. FOX
STATE ATTORNEY

BACKGROUND INVESTIGATION WAIVER

APPLICANT'S NAME: ____
DATE OF BIRTH: (MM/DD/YYYY) ______________________________
SOCIAL SECURITY NUMBER: ___________________________________

Having made application to the **State Attorney's Office 20th Judicial Circuit, PO Box 399, Fort Myers, FL 33902** within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of the State Attorney's Office bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of the State Attorney's Office in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, 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. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to: State Attorney's Office 20th Judicial Circuit Florida.

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature: ____ Date: ____________________________________

Applicant's Address: ____

STATE OF ____________________
COUNTY OF _______________________________

Sworn to (or affirmed) and subscribed before me, by means of ☐ physical presence or ☐ online notarization, this: _______ day of _________________, 20________ by applicant: _________________________________

____
Signature of Notary Public – State of _________
Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ OR Produced Identification ☐ Type of Identification Produced: _____________________________________

Please visit our website www.sao.cjis20.org

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