

Herkimer County Office for the Aging



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Authorization for Release of Information

TO: Any local, state or federal law enforcement agency; any past or present employer; any credit bureau or retail merchants association; any bank or financial institution; any state, county or municipal Bureau of Vital Statistics office; any Court in New York State including but not limited to Superior, Local Criminal or Family Courts.

I, _____ have registered with the Job Pool Program of the Herkimer County Office for the Aging, Herkimer, New York. I am aware of and fully realize that my background may or will be thoroughly investigated as a result of this registration with the Herkimer County Office for the Aging.

Further, I hereby authorize, direct and request the release of any and all information and records that you may have relating and concerning me to Sheriff Scott Scherer of the Herkimer County Office of the Sheriff.

I direct that this authorization shall include the right and privilege by Sheriff Scott Scherer or his agent or representative to inspect and/or copy any information or records that you may have or possess relating to or concerning me.

This authorization or copy thereof shall be valid for a period of one year only from the date of the execution of same.

I release New York State, Herkimer County, the Herkimer County Office for the Aging, the Office of the Sheriff, and any of its agents from any and all liability and claims in connection with the use of any information or records concerning me that they obtain as a result of the said investigation. I also further release from any and all liability all persons and entities that provide any information, records, etc. concerning me to the Office of the Sheriff of Herkimer County or any of its agents or the Herkimer County Office for the Aging or any of its agents as the result of the background investigation conducted by the said Office of the Sheriff of Herkimer County or any of its agents.

By signing this release I understand completely that I am agreeing to any type of investigation made by the Office of the Sheriff, Herkimer County and its agents or representative in conjunction with my registration with the Job Pool Program of the Herkimer County Office for the Aging.

Signature of Applicant

_____/_____
Date of Birth / Race

Date of Signature

Social Security Number