



QUEEN ANNE'S COUNTY FIRE & EMS COMMISSION

100 Communications Drive – Centreville Maryland 21617
Phone TBD – Fax 410.758.2086

**AUTHORIZATION AND RELEASE FOR INVESTIGATION
REPORT PROCUREMENT**

Date: _____

Department: _____

Authorized by: _____ **Title:** _____

Phone Number: _____ **Email:** _____

Signature: _____

In accordance with the Queen Anne's County Fire & EMS Commission Policy on credentialing, Mr. / Mrs. _____ is authorized to be fingerprinted and a background investigation done by an approved FEC facility or the Queen Anne's County Sheriff's Department.

Release:

I, the undersigned, do hereby authorize Queen Anne's County Fire & EMS Commission to procure an investigation report on me that includes social security verification and criminal history records.

I understand I am entitled to complete an accurate disclosure of the nature and scope of any investigation report of which I am the subject upon my written request to Queen Anne's County Fire & EMS Commission, by and through the current FEC approved facility or the Queen Anne's County Office of the Sheriff, including but not limited to, any and all courts, public agencies, and law enforcement agencies regardless of whether such person, business entity of governmental agency compiled information itself or receive it from other sources.

I hereby release Queen Anne's County, Queen Anne's County Fire & EMS Commission and the current FEC approved facility or the Queen Anne's County Office of the Sheriff and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by information herein authorized. I understand that this Authorization / Release form shall remain in effect for the duration of my association with Queen Anne's County Fire and EMS Commission.

(Print Name) (Signature)

(Organization) (Date Submitted)