



**MEHERRIN RIVER REGIONAL JAIL  
P.O. BOX 10  
ALBERT A, VIRGINIA 23821  
( 434) 949-6700**

**AUTHORIZATION TO OBTAIN INFORMATION**

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Full Legal Name

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Date of Birth

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Social Security Number

I hereby respectfully request and authorize you to furnish the Meherrin River Regional Jail any and all information you have concerning me, my work performance, school records, conduct, and my reputation. This information is to be used to assist the Meherrin River Regional Jail in determining my qualifications and fitness for the position I am seeking.

I hereby waive all rights to view or have access to any information given to the Meherrin River Regional Jail as part of the background investigation. I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested to be released above.

The Code of Virginia Section 15.1-131.8 (1950 as amended) requires a background investigation including a fingerprint-based criminal history records inquiry to the Central Criminal Records Exchange for all sworn positions. Background investigations for civilian positions are completed routinely when employment provides access to secure areas of the facility.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_.

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Signature