



Contractual Appointment Release Form

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS FOR TEMPORARY CONTRACTUAL APPOINTMENT WITH THE PENNSYLVANIA OFFICE OF ATTORNEY GENERAL

I hereby authorize and consent to the release of any information and records relating to my activities from individuals, schools, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information, to a duly authorized representative of the Pennsylvania Office of Attorney General.

This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, salary, employment, financial, credit, and criminal information.

This authorization includes permission to obtain copies and abstracts of records and information regarding my background.

The information and records will be used to assist the Office of Attorney General relative to my temporary contractual appointment with the Office of Attorney General as per the agreement between _____ and the Office of Attorney General.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Pennsylvania Office of Attorney General, whichever is sooner.

PRINT NAME (PLEASE INCLUDE FORMER NAMES)

ADDRESS

SOCIAL SECURITY

DATE OF BIRTH

SIGNATURE

DATE
