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|  | **AUTHORIZATION FOR THE RELEASE****OF INFORMATION** |

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby authorize the Office of State Inspector General or one of its authorized agents to research and copy records including, but not limited to, financial; school; judicial; armed services; federal, state and local law enforcement; motor vehicle and driving safety; and any other documents, data, and information that may be necessary and practical in order to conduct an investigation; and to contact past and present employers as well as professional references for information. I also authorize the release of the above-mentioned records to the Office of State Inspector General or one of its authorized agents, including records under the following names I have formerly used:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name (Please Print) Name (Please Print)

 I also authorize any and all local tax authorities to provide to the Office of State Inspector General copies of all tax records in its possession concerning and filed by me or by any entity for which I possess an ownership interest. I expressly waive any right to the confidentiality of said records I may have under the Pennsylvania Local Tax Enabling Act, 53 P.S. § 6901 *et seq*., or any other statute.

 My consent, however, is conditioned upon the understanding that all records, data, and information obtained by the Office of State Inspector General shall be used only for the purposes for which it has been obtained, and for any required compliance with Pennsylvania State Police regulations.

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Signature (must be in ink) Date of Signature

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Date of Birth Social Security Number