

Authorization for Release of Information and Records

Statement of Applicant: In accordance with the Privacy Act of 1974, I, the applicant, understand that certain information is required to determine my suitability for employment as required by OPNAVINST 1700.9E and DoDI 1402.5.

I further understand that disclosure of any information is voluntary; however, failure to do so will disqualify me from working for the position of trust and/or other positions which may require a background check.

I hereby authorized and consent to the release of information and records to any investigators, special agents or duly accredited representatives of the Department of Defense.

Applicant's Name (Last, First, Middle)

Applicant's Signature

Date

Statement of Parent or Guardian: I, as a parent or guardian of the above named minor, hereby give my permission for my child to provide services in the above described event or capacity. I further agree individually and on behalf of my child to the terms set forth above.

Parent or Guardian Signature

Date