

Loudoun County Sheriff's Office

803 Sycolin Road, SE • Leesburg, Virginia 20175 703.777.0407 • 703.777.1021 (24 hr.)

RELEASE OF INFORMATION NECESSARY FOR NCIC/VCIN QUERY

I ________hereby authorize a full disclosure of all records, or any part thereof, concerning me to any duly authorized agent of the Loudoun County Sheriff's Office, whether the said records are of a public, private, or confidential nature. The purpose for this authorization is to give my consent for full and complete disclosure of the records for review by Sheriff's Office personnel of records held by any local, state or federal law enforcement agency of arrests (criminal and traffic) and convictions, as well as records pertaining to any adjudication as mentally defective or commitment to any mental institution.

I understand that the intent of this authorization is to provide full and free access to the above information, for the specific purpose of pursuing participation in a firearms qualification program for retired law enforcement officers. I understand that any information obtained which is developed directly or indirectly, in whole or in part, through this release will be considered in determining my suitability for performing a firearms qualification with the Loudoun County Sheriff's Office as a retired law enforcement officer. I am fully aware that any unfavorable information obtained from any source may result in the denial of my application to perform a firearms qualification through the Loudoun County Sheriff's Office.

I further understand that in the event that my application is disapproved, the sources of confidential information cannot be revealed to me.

It has been fully explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I voluntarily sign this statement. Furthermore, I have no objection to any part of this statement.

Signature:	Date:
Address:	
Date of Birth:	Social Security#: