

**HEADQUARTERS MILITARY DEPARTMENT
STATE OF WASHINGTON
Office of the Adjutant General
Camp Murray, Tacoma, Washington 98430-5002**

PRIVACY ACT NOTICE

Purposes and Uses:

Information provided on this form will be furnished to individuals in connection with an investigation to determine fitness for appointment or advancement in the Washington State Guard, and information obtained may be furnished to third parties as necessary in fulfillment of official responsibilities.

Effect of Nondisclosure:

Furnishing the requested information below is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for appointment or advancement in the Washington State Guard.

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize an investigator or duly accredited representative of the State of Washington bearing this release, or copy thereof, in person or through official correspondence, to obtain any information from schools, employers, criminal justice agencies or individuals, relating to my activities. This information may include, but is not limited to, academic, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information, and I understand that the information released is for official use by the State of Washington Military Department and may be disclosed to such third parties as necessary in fulfillment of official responsibilities.

I hereby release any individual, organization or agency including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me at the address and/or telephone number shown below.

Full Name: _____

Soc Sec No: _____ Other Names Used: _____

Date of Birth _____ Place of Birth (City & State) _____

Complete Mailing Address: _____

Dates Resided at this Address: From _____ To _____

Telephone Numbers: (Include Area Code) Home _____ Work _____

Signature: _____ Date Signed: _____

Return this completed form to:

Commander
Washington State Guard
Camp Murray, WA 98430-5002