

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND
GENERAL RELEASE FROM LIABILITY**

I, _____, hereby authorize the Smyth County Sheriff's Office to inspect and make copies of any documents, records, and other information relating to my criminal record and/or my driving/traffic record.

This authorization includes, but is not limited to, authorization for the Smyth County Sheriff's Office to check and verify any information on my application for a concealed handgun permit submitted to the Clerk's Office of the Smyth County Circuit Court.

I hereby release the Smyth County Sheriff's Office, its officers, agents, and employees, from any and all liability arising out of the obtaining or release of any information concerning me in connection with my application for a concealed handgun permit.

_____ Date _____ Signature
Current Address: _____

All prior addresses for last 5 years: _____

COMMONWEALTH OF VIRGINIA

County of _____, to wit;

The foregoing instrument was subscribed or acknowledged before me, a Notary Public, by _____, this ____ day of _____, 20____.

Notary Public
My commission expires _____, Notary registration no. _____.

OR

Deputy Clerk, Smyth County Circuit Court