

Please issue a work permit to the following applicant:

EMPLOYEE NAME

POSITION/TITLE

EMPLOYER'S NAME

EMPLOYER'S PHONE NUMBER

EMPLOYER'S ADDRESS

CITY

STATE

ZIP CODE

AUTHORIZED EMPLOYER PRINTED NAME

AUTHORIZED EMPLOYER SIGNATURE

AUTHORIZATION TO RELEASE CRIMINAL HISTORY RECORD

To: Washoe County Sheriff's Office and Criminal Justice Agencies

I hereby give my written consent for any criminal justice agency to disseminate my record of criminal history to the Washoe County Sheriff's Office for the purpose of work permit/medical marijuana card review.

I understand that a record of criminal history means the information contained in records, collected and maintained by agencies of criminal justice, consisting of descriptions which identify the subject, notation of arrests, detention, indictments, information or other formal criminal charges and dispositions of charges including dismissals, acquittals, convictions, correctional supervision and release.

I hereby give my written consent for the Washoe County Sheriff's Office to inform the above employer as to the status of my application.

I hereby release, discharge, exonerate and hold harmless all Criminal Justice Agencies, including the Washoe County Sheriff's Office, its agents and representatives and any person furnishing information, from any and all liability of every nature and kind arising out of the disseminating and inspection of my records of criminal history.

Signature of Applicant