LOUISIANA DEPARTMENT OF WILDLIFE & FISHERIES

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I,	, do hereby authorize a review of and
	ords concerning myself to any duly authorized agent of the Department of
Wildlife and Fisheries, v	whether the said records are of a public, private or confidential nature.
educational institutions; commercial or retail cree statements and records v hospitals, clinics, private employment records, incor against me; and the re	ization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of loans, the records of dit agencies (including credit reports and/or ratings), and other financial wherever filed; medical and psychiatric treatment and/or consultation, including a practitioners, and the U.S. Veteran's Administration; employment and precluding background reports, efficiency ratings; complaints or grievances filed by ecords and recollections of attorneys at law, or of other counsel, whether her person in any case, either criminal or civil, in which I presently have or have
developed directly or ind determining my suitability any person(s) who may it	formation obtained by a personal history background investigation which is directly, in whole or in part, upon this release authorization will be considered in ity for employment by the Department of Wildlife and Fisheries. I also certify the furnish such information concerning me shall not be held accountable for giving o hereby release said person(s) from any and all liability which may be incurred such information.
A photocopy of this rele not contain an original v	ase form will be valid as an original thereof, even though the said photocopy doe writing of my signature.
PRINTED NAME:	
SIGNATURE:	
ADDRESS:	
PHONE #:	
DOB:	
SS#:	