

**AUTHORIZATION AND RELEASE
NEBRASKA BOARD OF PARDONS**

I (your name) _____, born in the city of _____,
in the state of _____, and in the county of _____,

Hereby give my consent to the Nebraska Board of Pardons to conduct an investigation as to my moral character and fitness and to make inquiries and request such information from third parties as, in the sole discretion of the Board, is necessary to such investigation. I further authorize the use of any such information in the course of the Board's investigation and evaluation of my moral character and fitness.

I authorize and request every person, firm, company, corporation, agency, school, employer, governmental agency, courts, association, institution, or any other party having opinions about me or knowledge or control of any information, documents, records (including but not limited to criminal history record information, medical, or psychological records), or other information pertaining to me, to reveal/furnish, and release to the Nebraska Board of Pardons, or any of its agents or representatives, any such opinions, knowledge, information, knowledge, information, documents, records, or other data. Without limiting the previously describe authority. I specifically authorize the release of files regarding grievances, charges, or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

I wholly understand that a criminal history verification check will be performed by accessing the Nebraska Criminal Justice Information System and any other governmental law enforcement agency (federal, state, county, city/village), judicial department/courts (federal, state, county, and city/village), schools, companies, corporations, institutions, firms, employers, associations, or other third party and their agents as deemed necessary by the Board and its agents.

I hereby release, discharge, hold harmless, and exonerate the Nebraska Board of Pardons, its agents, and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Nebraska Board of Pardons from any and all liability of every nature and kind arising out of the furnishing, inspections, and use of such opinions, knowledge, documents, records, or other information. I understand that I may request copies of such documents, records or other information as may be available to me by law.

I authorize custodians of documents, records, and other sources of information pertaining to me to release such information upon request of the Nebraska Board of Pardons and its agents, regardless of any previous agreement to the contrary.

Copies of this authorization that show my signature are as valid as the original signed by me.

State of _____
Signature of applicant _____ Date _____

Subscribed and sworn to before me on this _____ day of _____

Notary Public Signature

Seal or Stamp must be affixed