

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Hospital, Medical Association, U. S. Armed Forces, Maritime Services, Veterans Administration, OR

Any past or present Employer, Credit Bureau or Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Agency, or any other State or Federal Agency.

I \_\_\_\_\_  
(APPLICANT'S NAME)

have requested that the Department of State Police appoint \_\_\_\_\_

\_\_\_\_\_  
(NAME OF REPAIR SHOP) (ADDRESS OF REPAIR SHOP)

as a Virginia Official Periodic Motor Vehicle Inspection Station. I am aware that a complete investigation will be conducted relative to this matter. I hereby authorize and request the release of any and all information you may have concerning me or the above mentioned business establishment to the Department of State Police or it's agent upon presentation of this release or copy hereof.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

State of Virginia, County/City of \_\_\_\_\_

This day \_\_\_\_\_ personally appeared before me and acknowledged his/her signature to the above statement.

My Commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC