

4150 J. Reuben Long Avenue
Conway, SC 29526

J. REUBEN LONG DETENTION CENTER

Office: 843-915-6911
Fax: 843-365-7688



Phillip E. Thompson – Sheriff
Wayne Owens, Director

RELEASE AND WAIVER

To Whom It May Concern:

I hereby authorize a representative of the J. Reuben Long Detention Center bearing this release (or a copy of it), to obtain copies of any information in my files concerning me, or information pertaining to my employment, including but not limited to documents concerning my credit history or education, academic achievement, attendance, athletics, personal history, work performance, background investigations, polygraph examinations, and any and all internal affairs investigations and discipline, including any files which are deemed to be confidential, and or sealed including my criminal history.

I hereby direct you to release this information upon request to the bearer of this document (or a copy of it). This release is executed with full knowledge and understanding that the information is for the official use of the J. Reuben Long Detention Center.

I further understand that I waive any right or opportunity to read or review any information provided in the background investigation report prepared by the J. Reuben Long Detention Center. As part of this background investigation all social media accounts will be reviewed. Applicant may be called to be present to allow access through privacy blocks.

I hereby release you, as my employer, former employer or representative of either of them, any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

Date: _____

Full Name (Print): _____

Full Name (Signature): _____

Date of Birth: _____ SSN: _____

Current Address: _____

City State Zip

Name on Driver's License: _____

Driver's License Number: _____ State Licensed: _____

Former Names:
