AUTHORIZATION TO RELEASE INFORMATION TO U.S. PRETRIAL SERVICES NORTHERN DISTRICT OF CALIFORNIA

To	Whom It May Concern:
re	, the undersigned, hereby authorize the nited States Pretrial Services, Northern District of California or its authorized presentative(s) or employee(s), bearing this release or copy thereof, to obtain any formation pertaining to my:
•	Employment
•	Criminal History
٠	Education
is	nereby direct you to release such information upon request of the bearer. This release executed with full knowledge and understanding that the information is for the United ates Pretrial Services' official use.
oti off all fai	nereby release you, as custodian of such records, any school, college, or university, or her educational institution; any employer, or retail business establishment including its ficers, employees, or related personnel both individually and collectively, from any and liability for damages of whatever kind which may at any time result to me, my heirs, mily, or associates because of compliance with this authorization and request for formation or any other attempt to comply with it.
	nis information hereby obtained by the aforementioned pretrial services agency is to e used only for the purpose of employment.
	Authorizing Signature-Full Name Full Name – Printed or typed
•	Additionaling Digitature-Full Name — Fullted of typed
D	ate SS# Date of Birth