



**AUTHORITY FOR RELEASE OF INFORMATION
FOR CRIMINAL HISTORY CHECK**
(Sensitive Positions)

I hereby authorize any investigator or duly accredited representative of the Virginia Department of Taxation bearing this release, or a copy thereof, to obtain any information from the Virginia State Police and Federal Bureau of Investigation (FBI) and report the results of such search to the designated representative of the agency named above. I direct that such information be released upon request to the bearer of this form. I understand that the information released is for official use by the Virginia Department of Taxation.

I submit to fingerprinting and understand that my fingerprints will be sent to the FBI for a criminal history check.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature that may result on account of compliance with this authorization.

I understand that any and all information collected pursuant to this background check may be used in assessing my suitability for employment. The information will not be shared with parties outside of the agency where the position is located. I further understand that I may challenge the results of the background investigation conducted by the law enforcement/criminal justice agencies and may request information needed to make such a challenge from the Virginia Department of Taxation.

Print full name:						
<small>LAST NAME</small>		<small>FIRST NAME</small>		<small>MIDDLE NAME</small>		<small>SUFFIX</small>
Other names used:						
<small>LAST NAME</small>		<small>FIRST NAME</small>				
Addresses within the last 5 years						
<small>Present address first</small>	Street Address	City/County/Town	State	Zip Code	From (YYYY/MM)	To (YYYY/MM)
1						
2						
3						
4						
5						
Gender:	Race:	Height: <small>FT IN</small>	Weight:	Eyes:	Hair:	DOB: <small>YYYY/MM/DD</small>
Place of Birth :						
<small>STATE</small>			<small>COUNTRY</small>			
Social Security Number:				Driver's License Number:		
Signature (full name):					Date:	

Code Key for Live Scan Fingerprinting

Gender Codes	
Male	M
Female	F

Codes	Race
A	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
B	Black – A person having origins from any black racial group of Africa
I	American Indian or Alaska Native- A person having origins in any of the original peoples of the Americas and maintaining cultural identification through tribal affiliations or community recognition.
W	Hispanic or Latino, Caucasian -A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
U	Unknown- Applicant should choose the most appropriate code

Eye Color Codes	
Black	BLK
Blue	BLU
Brown	BRO
Gray	GRY
Green	GRN
Hazel	HAZ
Maroon	MAR
Multicolored	MUL
Pink	PNK
Unknown	XXX

Hair Color Codes			
Bald	BAL	Red/ Auburn	RED
Black	BLK	Sandy	SDY
Blonde	BLN	White	WHI
Blue	BLU	Unknown	XXX
Brown	BRO		
Gray	GRY		
Green	GRN		
Orange	ONG		
Purple	PLE		
Pink	PNK		