



Stony Point Volunteer Fire Company  
 3827 Stony Point Road  
 Charlottesville, VA 22911



**VOLUNTEER PERMISSION TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby authorize any authorized representative of the Albemarle County Department of Fire Rescue bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my background records.

This release is executed with full knowledge and understanding that the information is for the official use of the Albemarle County Department of Fire Rescue or prospective volunteer fire rescue agency. Consent is granted for the Albemarle County Department of Fire Rescue to furnish such information, as is described above, to third parties (i.e. volunteer fire or rescue agency within Albemarle County) in the course of fulfilling its official responsibilities. I release all agents, officers, and employees, and Albemarle County, its employees, agents, officers, and volunteers from any claims or liability resulting in any manner or arising out of these requests for information and use. Should there be any question as to the validity of this release, you may contact me as indicated below.

**DO NOT SIGN or date this document until you are in the presence of a Fire or Rescue Agency Witness.**

Full Name (print or type): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Address City, State, ZIP Code

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*Given under my hand, on this day,*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

**CERTIFICATE OF ACKNOWLEDGEMENT**

This day \_\_\_\_\_  
 \_\_\_\_\_ personally appeared before me and acknowledged his/her signature to the above statement and have been personally presented a valid photo-identification (driver's licenses).

\_\_\_\_\_  
 Agency Witness Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date