



**OFFICE OF SHERIFF  
BEAUFORT COUNTY**

P.O. BOX 1758  
BEAUFORT, SOUTH CAROLINA 29901

AREA CODE (843)

SHERIFF 470-3200  
CHIEF DEPUTY 470-3192  
CRIMINAL RECORDS 470-3186  
CIVIL RECORDS 470-3188  
FAX # 470-3187

**P.J. Tanner**  
Sheriff

Personal Inquiry Waiver  
Authority for Release of Information

To: Concerned Person or Authorized Representative of any Organization, Institution or Repository of Records.

Applicant's Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ S.S.N. \_\_\_\_\_

I respectfully request and authorize you to furnish the Beaufort County Sheriff's Office any and all information that you may have concerning my work record, personal history, criminal record, civil process record, school record, driving record, reputation and financial and credit status. This information is to be used to assist the Sheriff's Office in determining my qualifications and fitness for the position I am seeking with the Beaufort County Sheriff's Office.

I have been advised and am fully aware that I will be requested to submit to a polygraph examination. The purpose of the examination is to assist in verifying all information furnished in this application and obtained during the applicant investigation. I am willing to take the polygraph examination.

(Initial) YES \_\_\_\_\_ No \_\_\_\_\_

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information, requested above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

**AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_  
Who says he executed the above instrument of his own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public