



**UNITED STATES PROBATION OFFICE  
DISTRICT OF SOUTH CAROLINA**

*Professionalism is the Standard!  
Excellence is the Goal!*

**REPLY TO:**  
USPO Headquarters  
Strom Thurmond Federal Bldg.  
1835 Assembly St., Ste. 611  
Columbia, SC 29201

**MARY ELIZABETH G. WINDHAM**  
CHIEF U.S. PROBATION OFFICER

**AUTHORIZATION TO RELEASE INFORMATION  
TO U.S. PROBATION OFFICE  
DISTRICT OF SOUTH CAROLINA**

To Whom It May Concern:

I, \_\_\_\_\_, the undersigned, hereby authorize the United States Probation Office, District of South Carolina or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information pertaining to my:

- Employment History
- Criminal History
- Credit History

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use.

I hereby release you, as custodian of such records, any school, college, or university, or other educational institution; any employer, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

This information hereby obtained by the aforementioned probation office is to be used only for the purpose of employment.

\_\_\_\_\_  
Authorizing Signature - Full Name

\_\_\_\_\_  
Full Name – Printed or typed

\_\_\_\_\_  
Date

\_\_\_\_\_  
SS#

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