

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

David A. Smith
Juvenile Court Clerk



Juvenile Justice Center
100 Woodland St.
Nashville, TN 37213
615-862-7980

RELEASE OF JUVENILE INFORMATION

I, _____, the undersigned, do hereby authorize the Davidson County Juvenile Court Clerk's office to release my juvenile court records to _____ for the purposes of an employment background investigation. I understand that I am affirmatively waiving my right to the confidentiality of these records under Tennessee law.

I agree to release, indemnify, and hold harmless the Davidson County Juvenile Court Clerk's office, the Metropolitan Government of Nashville and Davidson County, and its employees and agents, from any and all liability, claims, and/or demands, by me, my heirs, or others making such claims or demands on my behalf, due to these records being released to the individual or entity named above.

Full Name: _____

Signature: _____

Date of Birth: _____

Sworn to and subscribed before me this _____ day of _____, _____.

Notary/Deputy Clerk _____

My commission expires _____