

(Name of Law Enforcement Agency)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

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 official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, 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 to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____,
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____

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NOTARY SEAL

Printed Name of Notary Public: _____

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AUTHORITY FOR RELEASE OF CONFIDENTIAL INFORMATION AND

WAIVER

1. I, _____ hereby authorize the full disclosure and release of all confidential, privileged, public and/or private records contained in my personal file to _____, or to its duly authorized agent.

2. The authorization here subscribed and witnessed gives my consent for full and complete disclosure of any or all of said records and/or recollections of educational, financial or credit institutions; including loan records, employment and pre-employment records, background reports, efficiency rating, commendations, awards, grievances and/or complaints filed by, for, or against me. Further, I hereby waive the attorney-client privilege of confidentiality for any attorney with whom I may hold such privilege, and thereby authorize the disclosure of such privileged information relating to any civil or criminal case in which I may have present or past involvement.

3. I understand that the above authorization for release of records may be requested during the course of a personal history background investigation. I further understand that any such request could result, directly or indirectly, in the release of negative information, any part of which could be included in my personal history profile and forwarded to prospective employers.

4. I further certify that any persons or institutions furnishing information concerning me shall be held harmless, and I hereby release said persons or institutions from any and all liability which may incur as a result of the release of said information.

5. A photocopy or telecopy of this sworn and subscribed release document will be as valid as an original thereof.

SUBSCRIBED AND SWORN TO BEFORE ME by _____

this _____ day of _____, 20 _____.

Notary Public, State of Texas

SIGNATURE OF APPLICANT