

SAGINAW POLICE DEPARTMENT

505 W. McLeroy Blvd.

Saginaw, Texas 76179

Phone (817) 232-0311

Fax (817-847-5918

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the review and full disclosure of all records and documentation concerning me to any agent of the Saginaw Police Department, regardless of whether said records and documentation are of a public, private, or confidential nature or otherwise protected by state law.

It is the intent of this authorization to give my consent to the full and complete disclosure of any and all records and documentation including, but not limited to; educational institutions I have attended; financial or credit institutions, including records of loan and collateral, credit reports and ratings, and other financial statements and records wherever filed; medical and psychiatric treatment and consultations, including records of hospitals, clinics, private practitioners and the United States Veterans Administration, if applicable; all employment and pre-employment records and documentation, including background reports, efficiency ratings, performance evaluations, criminal history background checks, complaints of any nature, disciplinary actions and grievances filed by or against me and the records and recollections of attorneys at law or other counsel involving any civil, criminal or administrative actions in which I presently am or have been involved in any way, as well as any other records of documentation deemed necessary by the Saginaw Police Department in reviewing my application for employment.

I understand that any information or documentation received or obtained through a background investigation of me, whether received or obtained directly or indirectly, will be considered in determining my suitability for employment with the Saginaw Police Department.

I hereby certify and agree that any person or persons who may furnish information or documentation concerning me shall not be held liable for giving such information or documentation, and I hereby release all persons from any and all liability resulting from the disclosure of such records and documentation.

A copy of this authorization for Release of Information will be valid as an original thereof.

APPLICANT (PRINT FULL NAME)

DATE

APPLICANT'S SIGNATURE

DRIVER'S LICENSE NUMBER AND STATE

STREET ADDRESS

SOCIAL SECURITY NUMBER

CITY/STATE/ZIP

SUBSCRIBED TO AND SWORN TO ME THIS _____ DAY OF _____ 20_____.

NOTARY PUBLIC, _____ COUNTY, TEXAS.

Notary Seal

NOTARY PUBLIC SIGNATURE