AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I have applied for employment with the Wichita County Criminal District Attorney's Office. It is my desire that they be informed as to my previous record and character in determining my qualifications and suitability for a position in that office. For this specific reason, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privilege nature to a duly authorized agent of the Wichita County Criminal District Attorney's Office.

Notary Public

Printed Name

| The following are examples of the type | e of information being requested: | | |
|--|--|--|-------|
| Criminal arrest records | Officer's notebook notations | s Traffic citations | |
| Court records/reports | Performance evaluations | Polygraph results | |
| Traffic accident reports/records | Detentions, field citations | Jail and custody information | |
| Disciplinary reports | Probation/parole reports/rec | | |
| Booking information | District Attorney records | Field interviews | |
| Employment records | Credit history | Laboratory reports/results | |
| I authorize the Wichita County Crimi assess my suitability as an employee of | | ead, review, or photocopy any documents to allow the | m to |
| having, or have been engaged in illegal | l activities, the information will lik | hould uncover information that I have, or am suspect xely bar me from further consideration for this position t agency that has jurisdiction over investigating the ille | n and |
| This waiver is valid for a period of two considered as valid as an original waiv | | my signature. A photocopy of this notarized waiver is an original signature. | to be |
| I hereby release you, your organization requested. | n, and others from liability or dam | nage which may result from furnishing the information | n |
| Print Name | Social Security Number | Date of Birth | |
| Signature (MUST be notarized) | Date | | |
| This instrument was acknowledged be | efore me on(Date) | by (Name of person acknowledging) | |
| | | _ | |

My Commission Expires