# 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.

The following are examples of the type of information being requested:

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|---|---|---|
| Criminal arrest records | Officer's notebook notations | 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/records | Other reports or records |
| Booking information | District Attorney records | Field interviews |
| Employment records | Credit history | Laboratory reports/results |

I authorize the Wichita County Criminal District Attorney's Office to read, review, or photocopy any documents to allow them to assess my suitability as an employee of the office.

I also understand that if my background investigation for this position should uncover information that I have, or am suspected of having, or have been engaged in illegal activities, the information will likely bar me from further consideration for this position and the information will be handed over to the appropriate law enforcement agency that has jurisdiction over investigating the illegal activity.

This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this notarized waiver is to be considered as valid as an original waiver even though it does not contain an original signature.

I hereby release you, your organization, and others from liability or damage which may result from furnishing the information requested.

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Print Name | Social Security Number | Date of Birth |
| _____ | _____ | |
| Signature (MUST be notarized) | Date | |

This instrument was acknowledged before me on _____ by _____.
(Date) (Name of person acknowledging)

_____
Notary Public

| | |
|---|---|
| _____ | _____ |
| Printed Name | My Commission Expires |