

THE STATE OF TEXAS
COUNTY OF WILLIAMSON

AUTHORIZATION FOR RELEASE
OF
PERSONAL INFORMATION

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Taylor Police Department whether the said records are private, public or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail, credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing one or another person in any case, either criminal or civil, in which I presently have, or have had an interest in.

I understand that any information obtained by the Personal History Background investigation, which is developed directly or indirectly, in whole or in part, upon this release of authorization, will be considered in determining my suitability for employment or advancement by the Taylor Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Information received from all sources will be kept confidential and will not be released to either the applicant or personnel not involved in the hiring/promotion process.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (Includes maiden name if applicable)

Address: _____

Phone: () _____

Date of Birth: _____

Social Security No. _____

Subscribed and sworn to before me, by the said: _____
This ____ day of _____ 20__ to certify which witness my hand and seal of office.

Notary Public In and For
County of _____
State of Texas