

PERSONAL INFORMATION RELEASE AUTHORIZATION

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the city of Santa Fe Police Department, whether or not these records are of public, private, or confidential nature.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the city of Santa Fe Police Department. I also certify that any person or persons who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person or persons from any and all liability which may be incurred as a result of the furnishing of such information.

I also agree to pay any and all charges and/or fees concerning this request, and can be billed for such charges and/or fees at the below listed address.

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

Applicant Signature: _____

Address: _____

Telephone Number: _____ Date of Birth: _____

Social Security Number: _____ TXDL: _____

State of Texas

County of _____

Before me, a Notary Public, on this day, personally appeared me _____ to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____, ____.

(Place notary seal here)

Notary Public, State of Texas