

Applicant's Name _____



WICHITA COUNTY SHERIFF'S OFFICE
DAVID DUKE, SHERIFF

P.O. Box 8466
Wichita Falls, Texas 76308-8466
Telephone: (940)766-8170 Fax: (940) 766-8102



William Rutledge, Chief Deputy

Patrick McFerrin, Deputy Chief

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I have applied for employment with the Wichita County Sheriff'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 with the Sheriff's 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 Sheriff's Office.

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

- | | | |
|------------------------------|----------------------------------|----------------------------|
| Criminal arrest records | Detentions, field citations | Field interviews |
| Officer's notebook notations | Jail and custody information | Booking information |
| Traffic citations | Traffic accident reports/records | District Attorney records |
| Court records/reports | Probation/parole reports/records | Laboratory reports/results |
| Performance evaluations | Other reports or records | Employment records |
| Polygraph results | Disciplinary reports | Credit history |
| School transcripts | Medical information | Psychological evaluations |

I authorize the Wichita County Sheriff's Office to read, review, or photocopy any documents to allow them to assess my suitability as an employee of the Sheriff's 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, that this information will likely bar me from further consideration for this position and it 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

Signature (MUST be notarized)

Date

This instrument was acknowledged before me on _____ (date) by

(Name of person acknowledging).

Notary Public

Printed Name

My Commission Expires