

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND
WAIVER OF ANY CLAIM**

TO WHOM IT MAY CONCERN:

I, _____, having made application for employment
(Print Complete Name)

with the City of Beaumont Police Department and desiring that agency to be completely and accurately informed as to my character and previous personal history, hereby authorize any representative of the city of Beaumont Police Department and/or other duly accredited representative of the City of Beaumont conducting my background investigation, to obtain any and all information relating to my personal history from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail/business establishments, or other sources of information. The information I am requesting that you release may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary or employment history, criminal history record information, background investigation information, polygraph examination results, any and all Internal Affairs investigations and disciplinary records, and financial/credit information.

I also hereby authorize any representative of the Beaumont Police Department and/or the City of Beaumont bearing this release, or a copy of it, or furnishing this release or a copy of it, within five years from the date signed, to obtain any medical records or medical information in the files of my current or former employer(s), any current or former physician(s) or both which may pertain in any fashion to my consideration for employment with the City of Beaumont as a Peace Officer.

Consent is hereby granted for the Beaumont Police Department and/or City of Beaumont to furnish any information provided to them during the course and scope of their investigation, including information furnished pursuant to this authorization for release, to any third parties in the course of fulfilling their official responsibilities.

I hereby waive any right or opportunity to read or review any information, documents, statement, etc. furnished to the Beaumont Police Department and/or the City of Beaumont during the course and scope of their investigation pursuant to my application for employment. I further waive any right or opportunity to read or review any background investigation report prepared by any agent or representative of the Beaumont Police Department and/or the City of Beaumont.

I hereby release you, as a Custodian of Records for any school, college, university or other educational institutions, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agencies, retail/business establishment of any kind, government agency, law enforcement agency, present or former employers including officers, employees, or other related personnel both individually and collectively of any of the before mentioned businesses, agencies, etc., **from any and all claims of liability for damage, loss, or injury of whatever kind, which may at any time result to me, my heirs, family, or associates because of your compliance with the authorization and request to release information or any attempt to comply with it.**

I hereby require and demand that any person, agency, or agent for, or employee of any person or agency who refuses to furnish any information requested by a representative of the Beaumont Police Department and/or the City of Beaumont to advise me, and the representative of the Beaumont Police Department and/or the City of Beaumont who requests the information in writing within ten (10) days of your refusal to furnish the information requested and the basis for your refusal. You are hereby further advised that your refusal to furnish the requested information may result in my not being considered for employment or being denied the right to full and accurate review of my personal history. This refusal to cooperate on your part in furnishing the requested information may result in a direct and identifiable loss to me.

A copy of this authorization for release shall have the same force and validity as the original.

I have read and understand all information contained in this authorization for release and acknowledge that I have received a copy of it.

FULL NAME: _____
Print: First, Middle, Last

FULL NAME: _____
Signature

DATE SIGNED: _____ S.S. # _____ DOB: _____

CURRENT ADDRESS: _____
Street Apt/Unit City State Zip

PHONE #: _____
Day # _____ Evening #: _____

STATE OF: _____

COUNTY OF: _____

On this _____ day of _____, _____ before me _____
(Name, title, of person administering oath)

personally appeared _____, who after being duly sworn did subscribe, in my presence, his/her signature to this document.
Name of Signer

WITNESS MY HAND AND OFFICIAL SEAL

(Seal)