

The Police Department of



2929 HIGHWAY 6
SUITE 100
BAYOU VISTA, TEXAS 77563
(409) 935-0449
Fax (409) 935-2893

**AUTHORITY FOR RELEASE OF CONFIDENTIAL
INFORMATION AND WAIVER**

- 1.) I, _____, hereby authorize the full disclosure and release of all confidential, privileged, public, and/or private records contained in my personal file to _____ **Chief Jimmie Gillane** _____ or to its duly authorized agent.
- 2.) The authorization here subscribed and witnessed give my consent for full and complete disclosure of any or all of said records and/or recollections of educational, financial, or credit institutions; including loan records, employment and pre-employment, background reports, efficiency rating, commendations, awards, grievances and/or complaints filed by, for or against me. Further, I hereby waive the attorney-client privilege of confidentiality for any attorney with whom I may hold such privileged information relating to any civil or criminal case in which I may have present or past involvement.
- 3.) I understand that the above authorization for release of records may be requested during the course of a personal history background investigation. I further understand that any such request could result, directly, or indirectly, in the release of negative information, any part of which could be included in my personal history profile and forwarded to prospective employers.
- 4.) I further certify that any personal or institutions furnishing information concerning me shall be held harmless and I hereby release said persons or institutions from any and all liability, which may incur as a result of the release of said information.
- 5.) A photocopy or telecopy of this sworn and subscribed release document will be as valid as an original thereof.

SUBSCRIBED AND SWORN TO BEFORE ME BY _____

THIS DAY _____ **DAY OF** _____, 20____.

NOTARY PUBLIC, STATE OF TEXAS