

## DENISON POLICE DEPARTMENT

### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review, full disclosure and release of all records concerning myself to any duly authorized agent of the Denison Police Department, whether the said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure and release of educational institutions, all social media accounts (Facebook, Twitter, Snapchat, etc.), 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. All medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records including back ground reports efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys-at-law, or other counsel, whether representing me or another person in any case, criminal or civil, in which I presently have or have had an interest; any law enforcement agency records pertaining to any criminal or immoral conduct engaged in by me. This authorization is to include any personnel file as may be kept by a civil service city in accordance with the Texas Local Government Code, Chapter 143, more specifically, Section 143.089, paragraph g which is commonly referred to as the "G" file.

I understand that any information obtained by a personal history background investigation which is developed by directly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Denison Police Department. I also certify that any person(s) who may furnish such information do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I further agree to waive any right whatsoever to the background investigation record or psychological report developed through this waiver. A photocopy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, Texas

My Commission Expires\_\_\_\_\_