



# SHENANDOAH POLICE DEPARTMENT

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[shenandoahtx.us](http://shenandoahtx.us)



*Troye Dunlap, Chief of Police*

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of any and all records concerning me to any duly authorized agent of the Shenandoah Police Department, whether the said records are of a public, private or confidential nature. THIS AUTHORIZATION IS NOT TO INCLUDE ANY MEDICAL RELATED HISTORY OR WORKERS' COMPENSATION CLAIM.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, pre-polygraph, polygraph booklet, and post polygraph admissions results, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollection of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or had an interest, excluding any medical malpractice cases or workers' compensation claims.

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 Shenandoah Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

\_\_\_\_\_  
Signature (including maiden name)

\_\_\_\_\_  
Printed Name (including maiden name)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Last 4-Digits Social Security Number

\_\_\_\_\_  
City, State, Zip Code

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_