



# City of Lake Dallas Police Department

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of any and all records concerning myself to any duly authorized agent of the Lake Dallas Police Department, Personnel Section, 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 of the records of educational institutions; 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; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U. S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorney-at-law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed by directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Lake Dallas Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I 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 report of psychological report developed through this waiver.

A photocopy of this release is equally valid, even though the said copy does not contain an original writing of my signature.

**STATE OF TEXAS**

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|---------------|--|
| _____         | SWORN TO AND SUBSCRIBED BEFORE ME          |
| Signature     | This _____ day of _____, 20__.             |
| _____         | _____                                      |
| Address       | Notary Public, In & For the State of Texas |
| _____ / _____ | My Commission Expires: _____               |
| Date of Birth | Social Security #                          |