

CITY OF EL PASO – HUMAN RESOURCES DEPARTMENT

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize the El Paso Police Department (EPPD) and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, credit records, and polygraph results.

I hereby direct you to release such information upon request to the EPPD or its authorized representatives. This release is executed with full knowledge and understanding that the information is for official use to assist the City of El Paso in determining my qualifications and fitness for the position I am seeking with the City, or for work within City facilities. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other education institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually, and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number voluntarily with the understanding that it is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

I further authorize the City of El Paso, Texas, to release any information it may obtain through the use of this authorization to any governmental agency and I hereby expressly waive any claim or right of action against any party as a result of the release of this information.

COPIES OF THIS AUTHORIZATION THAT SHOW MY SIGNATURE ARE AS VALID AS THE ORIGINAL RELEASE SIGNED BY ME. THIS AUTHORIZATION IS VALID FOR ONE (1) YEAR FROM THE DATE SIGNED.

Signature (Sign in ink) Date signed

Full Name (Type or Print Legibly) Date of Birth Social Security #

Address: _____ Zip Code: _____

_____ Telephone Number: _____

Mother's Maiden Name/ Other Names Used

Verified by
Human Resources Representative: _____ Date: _____
(Signature)

Printed Name/Title: _____

Form of ID: _____