Joel W. Richardson

RANDALL COUNTY SHERIFF

SHERIFF'S OFFICE
9100 S. GEORGIA
AMARILLO, TEXAS 79118
(806) 468-5800
FAX (806) 468-5762

CIVIL DIVISION
AMARILLO ANNEX
4111 S. GEORGIA, SUITE 200
AMARILLO, TEXAS 79110
(806) 468-5652
FAX (806) 468-5653

AUTHORITY FOR RELEASE OF INFORMATION

LAST NAME_____ FIRST NAME_____ MIDDLE NAME _____

PLACE OF BIRTH_____ STATE_____ COUNTRY_____

DATE OF BIRTH_____ SEX_____ RACE_____ SS#_____

I, _____ , do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself; by and to ANY duly authorized agent of the Randall County Sheriff's Office, whether the said records are of public, private or confidential nature. **I authorize the Randall County Sheriff's Office to act as my agent in obtaining any personnel information maintained by your organization.**

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institution; records of the Social Security Administration; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records , and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, where ever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Randall County Sheriff's Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the source of information specifically identified herein.

I understand that any information obtained by a personal history background investigation that 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 Randall County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Randall County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damage, loss and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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

_____ _____ _____

Signature Street Address City State Zip

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this_____ day of_____ 20____

My commission expires _____ 20___

Notary:_____