Cedar Park Police Department
911 Quest Parkway
Cedar Park, TX 78613
Phone (512) 260-4788 • Fax (512) 260-4789

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

To:_____

I,_____respectfully request and authorize you to furnish the CEDAR PARK POLICE DEPARTMENT any and all information that you may have concerning me or my reputation. Please include the following information that may pertain to your files:

- EMPLOYMENT RECORDS (ATTENDANCE, PERFORMANCE, ETC.)
- Civil Service Files (G-files, Corrective Actions, Files Closed Administratively)
- BACKGROUND PACKETS
- BACKGROUND INVESTIGATION AND ALL SUPPORTING DOCUMENTS
- EDUCATION RECORDS
- FINANCIAL RECORDS
- MILITARY RECORDS (MEDICAL, PSYCHOLOGICAL, PHYSICAL, DISCIPLINARY)
- CRIMINAL RECORDS AND REPORTS
- POLYGRAPH EXAMINATIONS AND RESULTS
- U.S. VETERANS ADMINISTRATION RECORDS
- INFORMATION OF A CONFIDENTIAL NATURE OR INFORMATION CONSIDERED AS PRIVILIGED AND PHOTOSTATS OF SAME
- ANY OTHER DOCUMENTS PERTAINING TO THIS INDIVIDUAL

The information provided is used to assist the CEDAR PARK POLICE DEPARTMENT in a decision toward determining my qualifications and fitness for employment.

I acknowledge that a photocopy reproduction of this release shall be for all intents and purposes as valid as the original.

I hereby release you, your organization or others from any potential liability or damage which may result from furnishing the information requested.

_____
Applicant's Printed Name Applicants Signature Date

_____
Alias/Maiden Name (If Applicable) Applicants Social Security Number

_____
Applicants Date of Birth Sex Race

_____
Signature of Notary Public

Notary Seal

_____
Print Name of Notary Public

_____
Date My Commission Expires