AUTHORIZATION TO RELEASE INFORMATION TO THE LIMESTONE COUNTY COMMUNICATIONS CENTER 912 N. TYUS, GROESBECK TX. 76642 254-729-4555 254-729-9145 FAX

To assist the Limestone County Communications Center in determining my qualifications and fitness for the position that I am seeking with that office, I, the undersigned, respectfully request and authorize you to furnish to the Limestone County Communications Center any and all information that you have concerning me, including but not limited to my work record, complaints, or grievances filed by or against me, efficiency rating or records, school or education records, reputation, driving record, criminal history and arrest record, and financial and credit status. I am also requesting and authorizing you to release any and all information related to any investigation resulting in a founded or unfounded, sustained or not sustained, allegations against me, and whether or not the investigation resulted in any disciplinary action being taken against me. This shall specifically include any and all information in any investigation file maintained by any personnel or internal investigation unit or office on any allegation of misconduct against me, regardless of whether the allegation resulted in disciplinary action against me and regardless of whether the investigation was actually completed. I further authorize you, your officers, and your employees to discuss with representative of the Limestone County Communications Center all information and records provided to the office. This authorization is not to include any medically related history or workers compensation claims. Please allow representatives of the Limestone County Communications Center with photocopies of any and all information the Limestone County Communications Center requests.

I hereby release you, your office, your employees, and your agent from any and all liability or damage that may result from furnishing the information requested above to the Limestone County Communications Center. Furthermore, I shall hold any and all persons who release the information and records described herein harmless from any liability for any and all release and disclosure to the Limestone County Communications Center, of the information and records described herein and any discussion of the information.

A photocopy of this authorization shall be considered as valid as the original.

Date:		Signature:	
Birth Date:		Print Name:	
DL#	State	Address:	
Social Security # _			
Subscribed and sw 20	vorn to before me, t	he undersigned authority, this day of	_,
		Notary Public	

AUTHORITY FOR RELEASE OF INFORMATION

I respectfully request and authorize you to furnish the Limestone County Communications Center any and all information that you may have concerning me, including but not limited to my work record, school record, reputation, financial and credit status. This information is to be used to assist the Limestone County Communications Center in determining my qualifications and fitness for the position I am seeking with the Limestone County Communications Center in Groesbeck, Texas.

I hereby release you, your organization or other from any liability or damage that may result from furnishing the information requested above.

I further understand that a personal background ch conducted to determine my eligibility for employm		-	rill be
Signature of Applicant	Date		
Address			
Subscribed and sworn to before me this	day of	, 20	
		Notary Public	
		Notally Fublic	

My commission expires