

**WAIVER AND AUTHORIZATION TO RELEASE  
INFORMATION**

This document affects your legal rights.  
Read carefully before signing

To Whom It May Concern:

I, the undersigned, authorize (leave blank) \_\_\_\_\_ to furnish to the Garfield County Sheriff's Office or its agencies any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status and credit history, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the Garfield County Sheriff's Office or its agencies. Your reply will be used to assist the Garfield County Sheriff's Office or its agencies in determining my qualifications and fitness for a position I am seeking with the Garfield County Sheriff's Office.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.56 et seq., and specifically **waive** those rights understanding that the information furnished will be used by the Garfield County Sheriff's Office and/or its agencies or departments in conjunction with employment procedures. **I will make no attempt** to gain access to the information provided by you to the Garfield County Sheriff's Office and/or its agencies in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure of information provided by you to the Garfield County Sheriff's office and/or its agencies in conjunction with employment procedures.

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

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public in and for the State of  
Washington residing at \_\_\_\_\_.

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

FORMS

APPLICANT: \_\_\_\_\_

SUBJECT (PRINT NAME): \_\_\_\_\_

Prior to affixing your signature on this page, you must present this form to a Notary Public

I am aware that any knowing misrepresentations or falsifications made in connection with my obtaining employment with the Garfield county Sheriff's office will be grounds for rejection or dismissal, and I certify that the answers to the foregoing questions on pages:

**Page 27**(DV Statement)

**Page 28**(Release of Information) – reputation, employment, residential, educational, financial status, military service, medical treatment and criminal history including non-conviction data and intelligence information.

are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_

residing at \_\_\_\_\_

My commission expires \_\_\_\_\_