***Toppenish Police Department***
***1 West First Avenue***
***Toppenish, WA 98948***

## WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____, am a candidate for the position of _____ with the City of Toppenish, Washington. I hereby authorize you to furnish the City of Toppenish with any and all records or information that you have concerning me, my work record, my reputation, medical records, polygraph, psychological profile, academic credentials, military service and my financial status. This waiver applies only to this position and expires ninety (90) days after the date listed below.

Information of a confidential or privileged nature may be included. Those individuals who supply references may respond freely to all questions concerning my job-related knowledge, skills, abilities, education and experience, and any other matters which may be relevant to my performance in the position I am seeking. I waive my rights to personally review any materials you may transmit to the City of Toppenish in connection with my application for employment.

I understand that an investigative consumer report if deemed necessary for the position for which I have applied, may be obtained through personal interviews with my neighbors, friends, or associates. Your reply will be used to assist the Toppenish Police Department in determining my qualifications and fitness for the position.

I hereby release you and your organization from any and all liability arising from your release of information to the City of Toppenish about my employment history, my academic credentials or qualifications and my suitability for employment with the City of Toppenish. It is further agreed and understood that I shall hold the City of Toppenish harmless for use of any and all information gained through these inquiries.

_____ _____
Signature Date

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STATE OF _____}
}ss
COUNTY OF _____}

On this day personally appeared before me, _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY hand and official seal this _____ day of _____ , 20_____.

Notary Public in and for the State of _____

Residing at _____

My commission expires _____

Note: A photocopy reproductions of this request shall be, for all intents and purposes, as valid as the original.



**CHIEF OF POLICE • CURTIS L. RUGGLES • 509-865-4355**