



L.C. "TONY" MARSHALL
Chief Deputy

JAMES R. WILSON
WILLIAMSON COUNTY SHERIFF

508 South Rock Street
Georgetown, Texas 78626
Phone (512) 943-1300 * Fax (512) 943-1393

ROBERT CHAPMAN
Asst Chief Deputy Law Enforcement

RICHARD ELLIOTT
Asst Chief Deputy - Corrections

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of full disclosure of all records concerning myself to any authorized agent of the department of _____, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions, criminal history checks utilizing TCIC and NCIC, driver license and record check, wanted check, financial and credit unions (including records and loans), the records of commercial and retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed: employment and pre-employment records, including background reports, efficiency ratings, and complaints or grievances filed by or against me.

I understand that any information obtained by a personal history background investigation which 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 department of _____. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information: and I do hereby release said person(s) who may furnish such information.

I also agree to pay any and all charges or fees concerning the request and can be billed for such charges to the below listed address.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

SIGNATURE (INCLUDING MAIDEN NAME)

ADDRESS

CITY STATE ZIP

AREA CODE/PHONE NUMBER D.O.B

SOCIAL SECURITY NUMBER

Subscribed and sworn before me, by the said _____ this the _____ day of _____, 200____, to certify which witness my hand and seal of office.

NOTARY PUBLIC, STATE OF TEXAS