

RICHWOOD POLICE DEPARTMENT



Stephen Scot Mayer Chief of Police 1800 N. Brazosport Blvd. Richwood, Texas, 77531 Phone # 979-265-2082

Personal Inquiry Waiver Authority of Release of Information for Background Investigation

I,		y authorize a review of, photocopy of, and full disclos	
		uthorized Agent of the Richwood Police Department, willess of any agreement I may have made with you to the	
said fectius are private, put	one, or confidential and regard	less of any agreement I may have made with you to the	contrary.
The intent of this authoriz	zation is to give my consent	for full and complete disclosure of the records of e	ducationa
		ords of loans, the records of commercial or retail, cred	
(including credit reports and	d/or ratings); and any other fina	ancial statements and records wherever filed; employment	<mark>nt and P</mark> re
		ciency ratings; complaints or grievances filed by or a	
		ounselor (whether representing me or another person in	any case)
either criminal or civil, in w	which I presently have or have l	had an interest in.	
I understand that any inform	mation obtained by the Pre-Sci	reening Application, Personal History Statement and B	ackgroun
		in whole or in part, upon this release of authorization	
		by the Richwood Police Department. I, for giving this in	
and I hereby release said pe	erson(s) from any and all liabili	ity that m <mark>ay be incurre</mark> d as a result of furnishing such in	iforma <mark>t</mark> ior
Information received from	all courses will be kept confide	ential and will not be released to the Applicant. Informat	ion will h
		me and presenting a valid release form signed by the	
		ersonnel File on date of hire and may be used for intern	
and investigation.	nes part of the Employee site	isomor i no or duo or mire did may se used for meeting	4
	will be valid as an original he	ereof, even though the said photocopy does not contain	<mark>an</mark> origina
writing of my si <mark>gnature.</mark>	PY		
	TI OT		
Signature (including maide	n name):	WU	
Address/City/Zip Code:			
Phone:	Date of Birth:	SSN:	
1116			
Subscribe and sworn to before	ore me, this the day	y of20, to certify which with	ness my
hand and seal of Office.			•
	1/1 1/1/10		
		D C	
	[SEAL]	Notary Public in for County State	of Texas
		My Commission Expires:	
		THE PARTY OF THE P	
al History Statement Revised	05/01/2020 have provided complete and accur	rate information: Page 2 of 34	
inis nage to indicate that you h	iave provided complete and accilr	are information. Page 7 of 34	