

Waiver of Liability & Authority To Release
Information

To Whom It May Concern:

In consideration of the Lacy Lakeview Police Department processing my application for employment, I _____ hereby and irrevocably agree to the following conditions and terms:

1. The term "Background Investigation" as used herein refers to any and all information regarding my work record; my reputation; my medical records; my military service records; my financial status; or any other information and sources of information, either public; or confidential; or privileged, that the Lacy Lakeview Police Department, in its sole discretion may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Lacy Lakeview Police Department.
2. The Lacy Lakeview Police Department has represented that all such information is confidential as relating to any third party or entity. This information will not be released to any third party or entity without my express written permission and/or an order from a court of law having jurisdiction.
3. I hereby authorize any person or entity contacted by the Lacy Lakeview Police Department, its officers, agents or employees during the course of my background investigation, to furnish such officers, agents or employees any information or opinions they may have, and hereby expressly waive any and all legal privilege(s) and/or recourse(s) that I may have including but not limited to the Attorney/Client privilege; the Physician/patient privilege; the Husband/Wife privilege; the Accountant/Client privilege.
4. I hereby release from liability and promise to hold harmless, under any and all course(s) of legal action, the City of Lacy Lakeview, the Lacy Lakeview Police Department, or any of its officers, and/or employees, as well as any and all persons and/or entities who shall furnish any information or opinion(s) to such officers, agents or employees of the City of Lacy Lakeview. Lacy Lakeview Police Department who conduct my background investigation for any statement(s), act(s), omission(s), or infringement(s) upon my current rights.
5. I hereby expressly waive any legal rights I may have as to confidentially or privacy of information related to me, which the Lacy Lakeview Police Department in its sole discretion deems necessary for purposes of preparing my background investigation.
6. I hereby expressly agree that I will never attempt to obtain the results of my background investigation as conducted by the Lacy Lakeview Police Department realizing that such information is used solely for the purpose for which I have authorized its collection and use.

I hereby state that I understand my rights under Title 5, United States code Section 552A (The Privacy Act of 1974) and waive those rights with the understanding that information collected by the Lacy Lakeview Police Department will be used for employment purposes.

I hereby declare this waiver of liability and authority release information given by me to the Lacy Lakeview Police Department, its officers, agents and/or employees and all other mentioned shall preclude any right of action of any nature whatsoever, that might accrue to myself, my heirs, executors, administrators, successors and assigns. This waiver and authority expires one hundred and eighty (180) days from execution.

A reproduction of this waiver of liability and authority to release information by Xerox or similar process shall be for all intents and purposes as valid as the original

In Witness Whereof, I have executed this waiver and authority document at _____ on the _____ day of _____, 20____.

Applicant Signature

Sworn To And Subscribed Before Me, A Notary Public, This _____ Day Of _____, 20____.

Notary Public

County, Texas

My Commission Expires:
