FERRY COUNTY
SHERIFF
POST OFFICE BOX 1099
REPUBLIC, WASHINGTON 99166-1099
(509) 775-3132 OR 800-342-4344 FAX (509) 775-2127

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant _____

Please print your full name

Date of Birth _____

As an applicant for a position with the Ferry County Sheriff's Office I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information subimtted to this agency is confidential and will be used only for investigating my suitabliity for employment with said agency.

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 furnished will be used by the Ferry County Sheriff's Office in conjunction with employment procedures.

Toward this end, I authorize release of any and all information, legally and able, that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish the Ferry County Sheriff's Office any and all information they may legally have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant _____

Signed or attested before me on this _____ day of _____, 20_____

Notary Public in and for said County of _____, State of _____.

_____
Notary Public Signature

My Appointment Expires _____