

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPLICANT'S NAME: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

DATE: _____ SIGNATURE: _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Walla Walla County Sheriff's Office, 240 W. Alder Street, Walla Walla, Washington. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications for this position. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to the Walla Walla County Sheriff's Office.

I hereby authorize any representative of the Walla Walla County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records, or any part thereof, regardless of whether those records are considered public, private or confidential. The intent of this authorization is to provide full and free access to my background and history, for the specific purpose of conducting a background investigation that may provide relevant information for the Sheriff's Office to consider in determining my suitability for employment with Walla Walla County. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. This release does not authorize the release of any medical records.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history including any arrest records, any information in investigatory files, efficiency ratings, complaints or grievances against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another in any case in which I was involved, attendance records, polygraph examinations, psychological tests, any internal affairs investigations and discipline, including any files which are deemed to be confidential or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the requested information, regardless of any prior agreement I have made with you or your organization to the contrary. I also release Walla Walla County, its past and present agents, employees, officials, representatives or attorneys, in their individual or official capacity, for any right I have to bring a claim for any information received from my prior employers or references. **The Walla Walla County Sheriff's Office will discontinue processing of my application and/or background check if you refuse to provide the requested information.**

For and in consideration of the WWSO's acceptance and processing of my application for employment and background check, I agree to hold harmless and indemnify the County of Walla Walla, its officers, agents, and employees from any claim or liability associated to my background check and any decision to employ, not employ, or cease employing me with the County of Walla Walla. I understand that if information of a serious criminal nature is discovered in this investigation, that information will be turned over to the proper authorities.

I understand that the Privacy Act, 5 USC § 552a, prohibits disclosure of certain federal records without my signed authorization or other statutory exemption. My signature above indicates my express permission to release these records pursuant to 5 USC §552a (b), to the Walla Walla County Sheriff's Office for their use in conducting this background check.

A photocopy or telephonic facsimile (fax) of this release shall be valid as an original, even though such photocopy or fax does not contain my original signature. This release is valid for six months from the date of my signature above.

This form must be notarized in order to be valid.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public for Washington

My commission expires the _____ day of _____, 20_____.