Texas Tech University
Texas Tech University Health Sciences Center

Texas Tech Police Department
Box 43041
Lubbock, Texas 78409-3041
(806) 742-3931
Fax: (806) 742-3903

AUTHORIZATION TO RELEASE OF PERSONAL INFORMATION

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

I consent to your release of any and all public and private information that you may have concerning me, my employment records, my background and reputation, my military service records, educational records, my financial status, my criminal history records, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, attendance records, polygraph examination, and any internal affairs investigations and discipline, including any files which are deemed to be confidential.

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 Texas Tech Police Department. 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) from any and all liability which may be incurred as a result of furnishing such information.

Any and all charges or fees concerning this request will be at the applicant's expense.

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 of Applicant Date

_____ _____
Printed Name of Applicant Date of Birth

_____ _____ _____
Social Security Number Race Sex

_____ _____
Drivers License Number State

THE FOLLOWING CERTIFICATION MUST BE EXECUTED BY A NOTARY PUBLIC.

State of _____ City of _____on _____.
(Date)

This individual whose name is signed to the foregoing instrument appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made an oath that the statements in the said instrument are true.

_____
Notary Public, Signature

My commission expires on the _____ day of _____20_____ .