

CORYELL COUNTY SHERIFF'S OFFICE
SHERIFF SCOTT A. WILLIAMS
510 LEON STREET
GATESVILLE, TX 76528
(254-865-7201)

AUTHORITY FOR RELEASE OF INFORMATION AND WAIVER

I hereby authorize the Coryell County Sheriff's Office to investigate my background relating to my reputation, education, employment, financial, credit status, physical and mental health. This information will be used to assist the Coryell county Sheriff's Office in determining my qualifications and fitness for employment.

I hereby release anyone who provides such information from any liability or damage which may result from furnishing the information requested above. Further, I hereby expressly waive and release any special right of access I may have under any statute of the law to the information furnished about me to the Coryell county sheriff's office.

There are no willful misrepresentations, omissions, or falsifications in my application and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsification may be grounds for immediate rejections or termination of employment.

Printed Name

Signature of Applicant

Date

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

STATE OF _____

COUNTY/ CITY OF _____

Subscribed and sworn before me on this _____ day of _____, 20 _____

My commission expires _____ Signature of Notary _____