AUTHORIZATION TO RELEASE INFORMATION

TO: Whom it may concern

I hereby request and authorize you to furnish:

The City of Pflugerville - PFLUGERVILLE POLICE DEPARTMENT with any and all information they may request concerning my work record, educational and training record, military record, financial status, criminal record, and general reputation, and any other pertinent information. This authorization is specifically intended to include any and all information of a personal, confidential, or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a Police Officer.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my eligibility for employment as a peace officer.

APPLICANT'S NAME:	APPLICANT'S DOB:
APPLICANT'S SIGNATURE:	DATE:
appeared	, a notary public, on this day personally, known to me (or proved to me under e person whose name is subscribed to the foregoing instrument ted the same for the purposes and consideration therein
Given under my hand and seal of office this	day of, 20
seal	
	Notary Public, State of Texas
	Printed Name:
	My Commission Expires:

Sgt. Kurk Anderson Professional Standards Pflugerville Police Department 1611 E. Pfennig Lane Pflugerville TX 78660 Office 512-990-6732 Fax 512-990-6494