

MERKEL POLICE DEPARTMENT
100 KENT STREET, MERKEL, TEXAS 79536
PHONE (325) 928-4766 FAX (325) 928-1642
www.merkelpolice.org

AUTHORITY TO RELEASE INFORMATION

I, _____, hereby authorize the Merkel Police Department and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including and not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of any kind, which may, at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Information:

NAME: (FIRST) _____ (MIDDLE) _____ (LAST) _____

(DATE OF BIRTH) _____ (SOCIAL SECURITY NUMBER) _____ (DRIVER'S LICENSE NUMBER) _____ (STATE) _____

ADDRESS: (NUMBER) _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____

(CONTACT NUMBER) _____ (ALTERNATE CONTACT NUMBER) _____

Signature _____

Sworn to and signed before me, on this the _____ day of _____, _____, in
and for _____ County, in the State of _____.

Signature of Notary Public: _____

NOTARY SEAL / STAMP: