

Latah County Disaster Services

Background Application for AUXCOMM CERT EOC

Printed Name (First Middle Last):	
Address:	
Phone Number:	
Date of Birth:	
Driver's License Number/State:	

WAVIER AND AUTORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Latah County Sheriff's Office with any and all information that you may have concerning me, my work, my reputation, my military service records, and my financial status. Information of a confidential and/or privilege nature may be included. Your reply will be used to assist the sheriff's office in determining my qualifications and fitness for the position I am seeking.

I understand my rights under Title 5, United States Code, Section 552a; the Privacy Act of 1974; and waive those rights with the understanding that information furnished will be used by the Latah County Sheriff's Office.

I hereby release you, your organization and others from any liabilities or damages which may result from furnishing all information requested.

Printed Name: _____ Signature: _____

NOTE: This form must be signed in the presence of a Notary Public. A photocopy reproduction of this shall for all intents and purpose as vaild as the original. You may retain this form in your files.

<u>Notarization:</u>	
Subscribed and sworn to before me on the _____ day of _____, 20____	
Notary: _____	
For the State of: _____	
Residing at _____	
(SEAL)	Commission Expires: _____

_____ Clear wants _____ Clear Criminal History ID Checked and Verified: _____
 Dispatcher: _____ Date: _____ Unit Coordinator: _____

*** Return Completed Form to Disaster Services – Attn Mike Neelon ***