



## WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

### THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. READ CAREFULLY BEFORE HAVING THIS NOTARIZED

To Whom It May Concern: I, \_\_\_\_\_ the undersigned, authorize you to furnish to the City of Sumner, or its agencies, all information that you have concerning me, my work, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service record, my educational background and records, my financial status and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the Sumner Police Department or its agencies. Your reply will be used to assist the Sumner Police Department or its agencies in determining my qualification and fitness for a position I am seeking with the Sumner Police Department or one of its departments or agencies. I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and the Revised Code of Washington (RCW) 42.17 et seq, and specifically, waive those rights understanding that the information furnished will be used by the Sumner Police Department and/or its agencies or departments in conjunction with employment procedures.

**I will make NO attempt** to gain access to the information provided by you to the Sumner Police Department and/or its agencies or departments in conjunction with the employment procedures.

Further, **I do hereby release you**, your organization, your agents and others from any liability or damage which may result from furnishing information to the Sumner Police Department pursuant to this waiver and authorization to release information.

NOTE: A photocopy reproduction of this request shall be for all intent and purposes as valid as the original.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature (To be signed in presence of Notary)

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

NOTARY PUBLIC in and for the State of Washington, Residing at \_\_\_\_\_

Notary commission Expiration Date: \_\_\_\_\_

Signature of Notary \_\_\_\_\_