



# Beeville Police Department

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Beeville, Texas 78102  
(361) 358-8100  
Fax 361-358-3217

Kevin D. Behr – Chief of Police

*Protection*

*Integrity*

*Prevention*

*Service*

## AUTHORIZATION TO RELEASE INFORMATION

This release, when presented by a duly authorized representative of the Beeville Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Beeville Police Department: Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Beeville Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Beeville Police Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Beeville Police Department. I understand that all materials pertaining to this background investigation become the property of the Beeville Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal, or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

NAME:(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

PLACE OF BIRTH:(City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_ (Country) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX : \_\_\_\_\_ RACE: \_\_\_\_\_ D.L./I.D. \_\_\_\_\_ STATE \_\_\_\_\_

MUST BE SIGNED IN PRESENCE OF NOTARY:

Applicant Signature: \_\_\_\_\_ SUBSCRIBED and SWORN before me this

Street Address: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

City, State, Zip Code: \_\_\_\_\_

My Commission expires \_\_\_\_\_.

(Signature of Notary) \_\_\_\_\_

(Notary Stamp Here)