



**INFORMED WAIVER AND CONSENT GRANTING AUTHORIZATION TO DISCLOSE EMPLOYMENT, EDUCATION, CRIMINAL HISTORY AND OTHER FILES AND RECORDS**

**THIS DOCUMENT IS REQUIRED TO BE NOTARIZED IN ORDER TO COMPLY WITH GOVERNMENT CODE SECTION 1031.1 ~DO NOT SIGN WITHOUT NOTARY**

To Whom It May Concern:

I, the undersigned, am an applicant for employment with the City of Barstow Police Department. Under California Law, Government Code Section 1031(d) and Code of Regulations Section 1002(a)(3), my prospective employer is required to conduct an investigation into my personal, educational, medical and psychological fitness to serve in this capacity. I understand that my prospective employer, it's agents and/or assigns, cannot make a determination regarding my fitness for this position without a full and unrestricted disclosure of any and all relevant information.

Therefore, I hereby authorize you, your organization, the Custodian of Records and persons in your employ to release any and all information that you may have concerning me, including information that may be of a confidential, privileged or derogatory nature. This includes, but is not limited to: Employment information, documents from an educational institution, official employment documents, employment performance data, character reference information, education records and transcripts (pursuant to Public Law 93-380), military records (pursuant to PL 93-597, 5 U.S. Code §552), credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts), local criminal history information (Pursuant to Penal Code §13300 [b] ]10)), other police department records and any other information which you may possess.

I hereby exonerate, release and discharge you, your organization, its officers, agents and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the City of Barstow and its authorized agent. I certify that I have read this authorization form, understand its meaning and purpose, and have received a copy. I may revoke this authorization at any time by delivering, in writing, such revocation to you/your organization.

Because this background investigation is mandated by law, your responses enjoy absolute privilege pursuant to Civil Code §47 and will be shared only with governmental agencies or their agents. You may retain this form for your files.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, in the County of \_\_\_\_\_  
\_\_\_\_\_, California.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant