



**CHINO VALLEY POLICE DEPARTMENT**

1950 VOSS DR, #301  
CHINO VALLEY, AZ 86323  
(928) 636-4223 PHONE  
(928) 636-1972 FAX



**CHINO VALLEY POLICE DEPARTMENT**

**RELEASE AND WAIVER**

To Whom It May Concern:

I hereby authorize any police officer or other authorized representative of the police agency identified above, hereafter referred to as "CVPD", bearing this release, or a copy of it, within one year of its date to obtain any information in your files pertaining to my employment or education records, including, but not limited to academic achievement, attendance, athletic ability, personal history, military history, performance reports, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, and credit records.

I also hereby authorize any police officer or authorized representative of the CVPD bearing this release or a copy of it, within one year of it's date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s), which pertain to my employment.

I hereby direct you to release this information to the bearer, upon request of the bearer, this release being executed with full knowledge and understanding that the information is for the official use of the CVPD.

I further expressly consent to the CVPD furnishing the information described above to third parties necessary to the furtherance of the background/criminal history investigation will be disclosed to the proper authorities, if applicable.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, any hospital or other repository of medical records, any credit bureau, lending institution, consumer reporting agency, any military institution, or any retail businesses establishment including it's officers, employees, or related personnel, CVPD representatives, and police officers, both individually and collectively, from any and all liability for damages of whatever 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 any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

A photocopy of this original Release and Wavier shall have the same effect and validity as the original.

**APPLICANT-READ IN TOTAL BEFORE SIGNING BELOW.**

\_\_\_\_\_  
Print Full Name

State Of Arizona)

\_\_\_\_\_  
Signature Date

County Of Yavapai)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_

Notary Public: \_\_\_\_\_

\_\_\_\_\_  
Full Current Address

\_\_\_\_\_  
Social Security # Date of Birth Home Telephone #