AUTHORIZATION FOR RELEASE OF INFORMATION
AND WAIVER OF PRIVILEGE

As part of my application for the position of ____________________________,
I, ____________________________, hereby authorize the City of Port Orchard
Washington Police Department to receive information, written and oral, including but not limited
to the following sources:

- Federal Bureau of Investigation (F.B.I.) (including, but not limited to “rap sheets”,
  the “triple I index” and / or any other information deemed advisable by the F.B.I.
  concerning my background.)
- Any other agencies of the United States Government.
- Any branch of the Armed Forces of the United States or any other foreign
government.
- Any state, county or municipal government agency whether or not involved in law
  enforcement.
- Any previous employer.
- Any reference provided by me.
- Any credit reporting agencies, and/or creditors of mine.
- Any medical professionals, hospitals, and/or health care providers.

To the extent any public or private entity requires specific written authorization from me as a
condition of releasing information, it is my desire that this document be considered such an
authorization, and I hereby waive any privilege available to me under statute or the common law
with regard to any information provided by any public or private agency and any representative
thereof.

It is my desire that a photocopy reproduction of this authorization have the same force and effect
as the original.

_________________________________________  ____________________________
Applicant                                    Date

__________________________  ____________________________
Witness                                      Date