

# EASTBOROUGH POLICE DEPARTMENT

Police Department  
(316) 682-4111

1 Douglas  
Wichita, Kansas 67207

Fax  
(316) 682-4193

## RELEASE AND WAIVER

To Whom It May Concern:

I hereby authorize you to furnish any authorized representative of the Eastborough Police Department bearing this release, within one (1) year of it's date, any and all personal recollections and/or information in your files concerning me, my character, general reputation, personal characteristics and personal history, including but not limited to documents concerning my military service, employment, credit history, financial status, education and academic achievement, attendance, work performance, complaints or grievances filed by or against me, background investigations, disciplinary actions, polygraph examinations and any and all internal affairs investigations and subsequent disciplinary actions to include any files that are deemed to be of a confidential nature.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Eastborough Police department and will be considered part of their pre-employment background investigation in determining my qualifications and fitness for the position which I seek.

Consent is granted for the Eastborough Police Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided to the Eastborough Police Department pursuant to this request, as well as any information contained in the background investigation report prepared by the Eastborough Police Department.

I hereby release you, your organization and all related agents and representatives, both individually and collectively, from any liability for damage of whatever kind that may result to me, my heirs or my assigns because of compliance with this authorization and request to release information, or nay 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 form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature. You may retain this form in your files.

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Applicant's Full Name: \_\_\_\_\_  
(Signature)

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

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(Day) \_\_\_\_\_ (Evening)

Date of Birth: \_\_\_\_\_ S.S.#: \_\_\_\_\_