

WAIVER

AUTHORIZATION FOR CRIMINAL RECORDS CHECK RELEASE OF INFORMATION

The individual below is a candidate for employment with _____
and has given district officials permission to request and receive a criminal records check.

READ CAREFULLY – THIS DOCUMENT CONTAINS A RELEASE

Print Name: _____ Date of Birth: _____

I hereby authorize _____ to send a copy of my criminal records check to
_____ for the purpose of evaluating my qualifications as a candidate for
employment.

Send the information to:

Academy:

Address:

City, State, Zip:

I hereby release _____, its individual board members, employees, and
agents, past and present, from any and all claims and/or liability whatsoever for any damage or
consequence which may result from the pre-employment investigation, including the criminal records
check, related to my consideration for employment with _____.

Date: _____

Full Name, Candidate

Signature, Candidate

Date: _____

Academy Representative

Signature, Academy Representative