

# WESTPORT POLICE DEPARTMENT

## WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

Established

**This document affects your rights.  
read carefully before signing**

To Whom It May Concern:

I, the undersigned, authorize you to furnish to the Westport Police Department or its agencies any and all information that you may have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the Westport Police department or its agencies. Your reply will be used to assist the Westport Police department or its agencies in determining my qualifications and fitness for a position I am seeking with the Westport Police Department and/or one of its departments or agencies.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552 et seq., the Privacy Act of 1974, The Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by the Westport Police Department and/or its agencies or departments in conjunction with employment procedures. **I will make NO attempt** to gain access to the information provided by you to the Westport Police Department and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure of information provided by you to the Westport Police Department and/or its agencies or departments in conjunction with employment procedures.

Further, **I do hereby release you**, your organization, your agents, and others from any liability or damage which may result from furnishing information to the Westport Police Department pursuant to this waiver and authorization to release information.

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who said that he/she executed the above instrument of his/her own free will and accord, with full knowledge of purpose therefore.

Sworn to and subscribed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary Commission Expiration Date