

# BANDERA COUNTY SHERIFF'S OFFICE



P.O. Box 607 • Bandera, Texas 78003  
Phone: (830) 796-3771 • Facsimile: (830) 796-3561



COUNTY OF BANDERA  
STATE OF TEXAS

Authority of Release of  
Information and Waiver

KNOW ALL MEN BY THESE PRESENTS:

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Bandera County Sheriff's Office, whether the said records are of a public, private, or confidential nature. **THIS AUTHORIZATION IS NOT TO INCLUDE ANY MEDICALLY-RELATED HISTORY OR WORKERS' COMPENSATION CLAIMS.**

*The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, disciplinary actions and records, information on lawsuits related to employment or disciplinary action, efficiency ratings, complaints or grievances filed by or against me; any records from financial institutions, creditors, or collection agencies; records of the Social Security Administration pertaining to names and addresses of employers, and dates of employment, and the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, excluding any medical malpractice cases or workers' compensation claims.*

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Bandera County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature (including maiden name)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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