

**AUTHORIZATION AND CONSENT TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize, consent, and direct you to release employment records, civil records, and criminal records, including but not limited to academic, achievement, attendance, athletic, personal history, disciplinary records, and credit records to the University of Houston – Downtown or its authorized representatives bearing this Authorization and Consent to Release Information, or a copy thereof, for purposes of completing background investigations related to my eligibility to become a licensed peace officer in Texas. This Authorization and Consent to Release Information shall be valid for one (1) year from the date noted below and at such time shall be automatically revoked by me without any further action on my part. I also understand that any revocation of this authorization shall not affect any disclosure prior to the revocation.

I hereby direct you to release such information upon request of the University of Houston – Downtown or its authorized representatives. This release is executed with my full knowledge and understanding that the information is for completion of background investigations related to my eligibility to become a licensed peace officer in Texas. Consent is granted to all parties to furnish such information, as described above, to University of Houston – Downtown or its authorized representatives. I agree to hold harmless and release the provider(s) of such information, as well as the University of Houston – Downtown and its authorized representatives from any and all liability arising out of or relating to this Authorization and Consent to Release Information, including the release and use of such information. I have read the foregoing release, understand it and agree to the terms and conditions therein. A photostatic copy of this Authorization and Consent to Release Information shall be considered as effective and valid as the original.

Should there be any question as to the validity of this Authorization and Consent to Release Information, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
in and for \_\_\_\_\_ county, in the State of \_\_\_\_\_ .

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

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_