



CITY OF DUMAS

POLICE DEPARTMENT

MARVIN TREJO
CHIEF OF POLICE

124 E. SEVENTH ST.
DUMAS, TEXAS 79029
TELEPHONE (806) 935-3998
FAX (806) 935-5548

AUTHORIZATION TO RELEASE INFORMATION

TO: _____,

I hereby request and authorize you to furnish the Dumas Police Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, credit history, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the Dumas Police Department.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of the Dumas Police Department.

Applicant's Name: (print) _____.

Applicant's signature, _____.

Social Security #, _____ Date; _____

Note: THIS FORM MAY BE RETAINED IN YOUR FILES.