

**CITY OF TURLOCK
TURLOCK POLICE DEPARTMENT**

RELEASE AND WAIVER

To Whom It May Concern:

I hereby permit any authorized representative of Turlock Police Department bearing this release (or a copy of it) to obtain any information in your files pertaining to my arrest or criminal records.

Consent is granted for Turlock Police Department to obtain and utilize the information described above in the course of fulfilling its official responsibilities. I understand that I waive any right or opportunity to read or review any background investigation report prepared by Turlock Police Department, and I further understand that these reports are confidential.

I hereby release you, as the custodian of such records, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, associates or assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me.

A photocopy of this release is as valid as an original.

Date: _____

Signature: _____

Print Name: _____

Date of Birth: _____ Telephone: _____

Address: _____

For Turlock Police Department Only

WITNESS: _____ Date: _____