



HOUSTON POLICE DEPARTMENT VOLUNTEER INITIATIVES PROGRAM

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all criminal records concerning myself to any duly authorized agent of the City of Houston Police Department, whether the said records are of a public, private, or confidential nature.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for citizen patrol volunteer work by the City of Houston Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, 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 if the said photocopy does not contain an original writing of my signature.

Name (print)

Signature (include maiden name)

Address: _____

Phone: _____

Date of Birth: _____

TDL #: _____

DATE SIGNED