





**CITY OF FRUITA  
POLICE DEPARTMENT**

**AUTHORIZATION TO RELEASE INFORMATION**

**PRE-EMPLOYMENT BACKGROUND WAIVER**

I hereby authorize any representative of the Fruita Police Department bearing this release to obtain any information pertaining to my personal background and activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, and other sources of information. This information may include, but is not limited to my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal record information, medical/mental health, substance abuse, and credit history.

I hereby direct you to release this information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for official use of the City of Fruita Police Department to furnish such information as is described above, to third parties in the course of the City of Fruita Police Department fulfilling their official responsibilities with regard to my application for employment.

I hereby release you the institution or establishment you represent, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

If a criminal records investigation reveals criminal charges without disposition, I will provide a court order or similar legal document which stipulates what disposition was made of the charge(s).

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

This form must be notarized.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

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

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State of Colorado, County \_\_\_\_\_

Signed in the presence of \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public