

CHELAN COUNTY SHERIFF'S OFFICE

AUTHORIZATION TO RELEASE INFORMATION

NAME (LAST, FIRST, MIDDLE) _____
Social Security # _____ Date of Birth _____
Drivers License # _____ Sex _____ Race _____

Prior to affixing your signature on this page, you must present this form to a Notary Public.

I authorize the Chelan County Sheriff's Office to receive any and all information concerning me, not prohibited by the Washington State Law Against Discrimination (RCW 49.60). Information of a confidential or privileged nature may be included. Your reply will be used to assist the Chelan County Sheriff's Office in determining my qualifications and fitness for the position I am seeking with the Chelan County Sheriff's Office Volunteer Service Program.

I hereby release you, your organization, and others from any liability or damage, which may result from furnishing the information requested.

If under 18, Parent/Guardian signature required in addition to Juvenile Signature.

SIGNATURE

(Applicant)

SIGNATURE

(Parent/Guardian)

RELATIONSHIP TO JUVENILE

SUBSCRIBED AND SWORN TO, BEFORE ME, THIS ___ DAY OF _____
20__.

Notary Public in and for the
State of Washington; Residing at _____
My Commission Expires: _____

NOTE: A photocopy reproduction of this document shall be for all intents and purposes as valid as the original. You may retain a copy of this form for your files.

For Administrative Use Only

NCIC _____ WACIC _____ SPILLMAN _____ DOL _____ NCIC III _____
Accepted _____ Yes _____ No _____ Reason _____