

**LONGVIEW POLICE DEPARTMENT
CITIZENS ON PATROL**

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish the City of Longview Police Department with any and all information they may request concerning my work record, education history, military history, financial status, criminal record, general reputation, and past or present medical conditions. 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 volunteer service with the City of Longview Police Department, Longview, Texas.

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 qualification to serve as a volunteer of the City of Longview, Texas.

APPLICANT'S
SIGNATURE _____ DATE _____