

**UNIVERSITY OF TEXAS SYSTEM POLICE
AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of The University of Texas System Police, whether the said records are of a public, private, or confidential nature. A photocopy of this release will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

The intent of this authorization is to give my consent for full and complete disclosure of all records concerning myself, including, without limitation, the records of educational institutions; financial or credit institutions, including records of loans; medical, psychiatric, psychological, alcohol or drug abuse treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; criminal records, civil litigation records, property liens, military records, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, achievement, attendance, personal history, and disciplinary records; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which if developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the University of Texas System Police. I also certify that any persons(s) who may furnish such information to The University of Texas System Police concerning my personal background shall not be held legally accountable in any way 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.

I understand that personal information obtained by The University of Texas System Police is for the use of The University of Texas System Police and, to the extent permitted by law, will be kept strictly confidential and in closed files. Unless otherwise provided by law or court order, only an authorized agent of The University of Texas System Police will have access to the files, and neither I, nor any other individual except such authorized agent will be allowed to see the information contained in these files for any reason.

Full Name: _____
(Typed or Printed Name)

Current Address: _____

City, State, and Zip Code: _____

Home Telephone Number: _____

Date of Birth: _____ **Social Security Number:** _____

Signature: _____

TO BE COMPLETED BY NOTARY PUBLIC

STATE OF TEXAS

COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME ON THE _____ **DAY OF** _____, _____.

NOTARY PUBLIC

SIGNATURE