

CITIZEN VOLUNTEER PROGRAM

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a Citizen Volunteer Program position with the Riverside Police department, I respectfully request and authorize you to furnish the Riverside Police Department, or its representative, any and all information that you may have concerning my work record, reputation, medical, physical, criminal and mental records or reports including information of a confidential or privileged nature.

This information is to be used to assist the department in the determination of my qualifications and fitness for the position I am seeking with the Riverside Police department.

I hereby release you, your organization, or your employer or agents from any liability or damages which may result from furnishing the information requested above.

This waiver will expire one year after the date signed.

A photocopy of this document may act as the original.

Applicant's Name (Printed): _____

Applicant's Signature: _____ Date: _____

Investigator's Signature: _____ Date: _____