
SACRAMENTO COUNTY



SHERIFF'S DEPARTMENT

VOLUNTEERS IN PARTNERSHIP WITH THE SHERIFF

JOHN MCGINNESS

Sheriff

NON-SWORN PERSONNEL
RELEASE AND WAIVER

TO WHOM IT MAY CONCERN:

I hereby authorize any Sheriff's Deputy or other authorized representative of the Sacramento County Sheriff's Department bearing this release, or a copy of it, within one year of it's date, to obtain any information in your files pertaining to my employment, credit or educational records including, but not limited to, academic achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results and any and all internal affairs investigations and disciplinary records, credit records, medical records and psychological records.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Sacramento County Sheriff's Department.

Consent is granted for the Sacramento County Sheriff's Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, any school, college, university or other educational institution, credit bureau, lending institution, consumer reporting agency, retail business, any physician, psychologist, psychiatrist, medical facility or any establishment including its officers, employees or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family and associates because of compliance with this authorization and request to release information or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.

FULL NAME: _____ DATE: _____
SIGNATURE

FULL NAME: _____
TYPE OR PRINT

PHONE NUMBER: DAY _____ EVENING _____

VOLUNTEER APPLICATION-APPENDIX C