

**COPPELL POLICE DEPARTMENT**

130 Town Center Blvd  
Coppell, Texas 75019  
Phone # 972-304-3600  
Fax # 972-304-3535

City of Coppell  
County of Dallas

Authority of Release of  
Information and Waiver

KNOW ALL MEN BY THESE PRESENTS:

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of  
PLEASE PRINT NAME CLEARLY  
all records concerning myself to all duly authorized agent of the Coppell Police Department, whether the  
said records are of a public, private, or confidential nature. THIS AUTHORIZATION IS **NOT** TO INCLUDE  
ANY MEDICALLY-RELATED HISTORY OR WORKER'S COMPENSATION CLAIMS.

The intent of this authorization is to give my consent for full and complete disclosure of records to  
include my financial status, reports, and records of any and all credit reporting agencies, educational  
institutions; employment and pre-employment records, including background reports, efficiency ratings,  
complaints, or grievances filed by or against me, and any and all internal affairs investigations whether  
sealed or not; and the records and recollections of attorneys at law, or other counsel, whether  
representing me or another person in any case, either civil or criminal, in which I presently, or have had  
an interest, excluding any medical malpractice cases or workers' compensation claims.

I understand that any information obtained by a personal history background investigation which is  
developed directly or indirectly, in whole or in part, upon this release authorization will be considered in  
determining my suitability for employment by the Coppell Police Department. I also certify that any  
person(s) who furnish such information concerning me shall not be held legally accountable 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.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy  
does not contain an original writing of my signature.

\_\_\_\_\_  
SIGNATURE OF APPLICANT (including Maiden Name)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
PHONE NUMBER INCLUDING AREA CODE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC PRINTED NAME