

Waiver and Authorization to Release Information

To Whom It May Concern:

I authorize you to furnish the General Counsel, Office of the Governor of the state of Washington, with any and all information that you have concerning me, my work record, my reputation, my military service records, my criminal history, and my financial status. Information of a confidential or privileged nature may be included.

I waive any and all privacy rights I may have and I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

A photocopy of this authorization shall be as valid as the original.

To be completed by the applicant.

Name: _____
(Please Print)

Signature: _____

Date: _____

Other
Names: _____
(Other names you have been known by, including prior marriage or nickname. Please Print)

Address: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____