

City of Pharr

Carefully read this authorization to release information about you, then sign and date it in ink.

- HR Office Use Only*
- TX-DPS CCH
 - TX-DPS MOTOR
 - CO. COURT
 - PHARR COURT
 - PHARR PD
 - INFINITY
 - EMP. OFFER

Authority for Release of Information

I Authorize any duly accredited representative of the City of Pharr including those from the Personnel Department to obtain information relating to my activities from schools, residential management agents, employers, law enforcement, financial or lending institutions, consumer reporting agencies, retail business establishments, the Texas Workers' Compensation Commission, medical institutions, hospitals and other repositories of medical records, or individuals. This information is not limited to my academic, residential achievement, performance attendance, personal history, criminal history record, arrest, conviction, medical, psychiatric-psychological and financial and credit history.

I Further Authorize the City of Pharr Personnel Department, to request criminal history record information from criminal justice agencies.

I Direct You to Release such information upon request of the duly accredited representative agency regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the City of Pharr, and you may disclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that are alleged or are found to be applied to you by me or any third parties on account of compliance or any attempts to comply with this authorization. This release is binding in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Photocopies of this form that show my signature are as valid as the original release signed by me.

Signature

Date

Full Legal Name (Print or Type)

List Other Names Used

Current Address

(Street, City)

State

Zip

Parent / Guardian Signature (If required)

Date

*****Applicant must fill out and sign below.**

CRIMINAL HISTORY INVESTIGATION

Applicants Full Legal Name: _____

(As shown on Social Security Card/Passport)

Permanent Address: _____

Mailing Address: _____

Driver's License Number: _____

State: _____

Date of Birth: _____

Social Security Number: _____

The applicant hereby authorizes the CITY OF PHARR to conduct a check of the applicant's criminal history.

Signature _____

Date _____