



THIS PAGE MUST BE NOTARIZED FOR YOUR APPLICATION TO BE COMPLETE

Mason County Civil Service Commission

Mailing: 411 N 5th Street
Physical: 423 N. 5th Street
Shelton, Washington 98584
(360) 427-9670 ext. 268
civilservice@masoncountywa.gov

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Mason County Sheriff's Office with any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing analysis and recommendation, my military service records, and my financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Office in determining my qualifications and fitness for the position I am seeking with the Mason County Sheriff's Office.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Sheriff's Office in conjunction with employment procedures.

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

Applicant's Signature

Date

Print Name

Subscribed and sworn to before me on the _____ day of _____, _____

Notary Public