



Washington Department of Fish and Wildlife Enforcement
Waiver and Authority for Release of Information

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Washington State Department of Fish and Wildlife (Department) Enforcement Program. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications and fitness to hold the position for which I have applied. I have authorized the Department to gather all available information regarding my employment background, personal history, and other information that may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the Washington State Department of Fish and Wildlife and its agents with any and all information that you have concerning me, including without limitation my work record, including background reports, complaints or grievances filed by or against me; my background and reputation; my criminal history, including any arrest records and any information contained in investigatory files; my medical records; my psychological testing and analysis plus recommendations; my military service records; my education background and records, including transcripts and any disciplinary records; my financial status, including records of commercial or retail credit reporting agencies; and such other records reasonably related to my fitness to work for the Department. Information of a confidential or privileged nature may be included in the materials you provide to the Department. I request your cooperation in supplying this information to the Department.

I hereby agree to release you and those who supplied you with the above information, your company or organization, your employees, and the Department from any liability for any damage which may result from furnishing the requested information.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Department in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Department.

I understand my rights under Title 15, United States Code, Section 1681m, the Fair Credit Reporting Act, with regard to the Department's obligation to inform me if an adverse decision regarding my employment is made based on information contained in a consumer credit report. I waive those rights with the understanding that I will not be given notice if an adverse employment decision is based in whole or in part on such information.

A photocopy of this release form will be as valid as the original.

To Be Completed By Applicant
(MUST BE SIGNED IN THE PRESENCE OF A NOTARY)

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|---|-------------------------|------|
| Print Name | Notarized Signature | Date |
| Other names you've been known by (including prior marriage, maiden, or nicknames) | Current Address: | |
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SUBSCRIBED AND SWORN before me this _____ day of _____, _____.
_____, Notary Public, in and for the state of _____.

My Commission expires: _____