



# Ranger Police Department

100 N. Marston Street  
Ranger, Texas 76470  
Tel: 254.647.3232 Fax: 254.647.1389  
Charlie Rodriguez  
Chief of Police



## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Ranger Police Department** and its authorized representative(s) bearing this release, or a copy thereof, to obtain any information in your files pertaining to my history of employment, military service, financial credit, education/academics, and medical/health, including but not limited to records of hiring, termination, achievement, attendance, personal/background history, work performance, counseling, legal investigations, and disciplinary actions.

I further hereby allow you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use only. Consent is granted to all parties to furnish such information, as described above, to authorized third parties while fulfilling official responsibilities. I also release you, as custodian of such records, and any governmental or private agency, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding that such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, medical, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

**Applicant's Printed Full Name (F/M/L):** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **TCOLE PID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **TXDL:** \_\_\_\_\_

**Applicant's Notarized Signature:** \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

In and for \_\_\_\_\_ county, in the state of \_\_\_\_\_.

Printed Name of Notary Public: \_\_\_\_\_

**Signature of Notary Public:** \_\_\_\_\_ **Expires:** \_\_\_\_\_