WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Office of the Governor of Washington State with any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological records, 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:

_____ _____ _____
(Print name) (Signature) (Date)

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

_____
(Address) (City) (State) (Zip)

_____ _____
(Phone) (Social Security Number)

_____ _____
(Date of Birth) (Driver's License Number)

Other cities, counties, or states resided in over the past ten years; include dates: _____
_____
_____
_____
_____
_____
_____
_____