

John R. Gillespie

Wichita County Criminal District Attorney

Kyle Lessor
First Assistant

Chelsea Carlton
Executive
Prosecutor

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I have applied for employment with the Wichita County Criminal District Attorney's Office. It is my desire that they be informed as to my previous record and character in determining my qualifications and suitability for a position in that office. For this specific reason, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privilege nature to a duly authorized agent of the Wichita County Criminal District Attorney's Office.

The following are examples of the type of information being requested:

Criminal arrest records	Officer's notebook notations	Traffic citations
Court records/reports	Performance evaluations	Polygraph results
Traffic accident reports/records information	Detentions, field citations	Jail and custody
Disciplinary reports	Probation/parole reports/records	Other reports or records
Booking information	District Attorney records	Field interviews
Employment records	Credit history	Laboratory reports/results

I authorize the Wichita County Criminal District Attorney's Office to read, review, or photocopy any documents to allow them to assess my suitability as an employee of the office.

I also understand that if my background investigation for this position should uncover information that I have, or am suspected of having, or have been engaged in illegal activities, the information will likely bar me from further consideration for this position and the information will be handed over to the appropriate law enforcement agency that has jurisdiction over investigating the illegal activity.

This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this notarized waiver is to be considered as valid as an original waiver even though it does not contain an original signature.

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

Print Name

Social Security Number

Date of Birth

Signature (MUST be notarized)

Date

This instrument was acknowledged before me on _____ by _____.
(Date) (Name of person acknowledging)

Notary Public

Printed Name

My Commission Expires



Wichita County Courthouse, 900 Seventh Street, Room 352 Wichita Falls, Texas
76301-2482

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