



STATE OF CALIFORNIA - TRANSPORTATION AGENCY  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AUTHORIZATION TO RELEASE INFORMATION**



TO:

I have applied to the State of California for a peace officer position with the California Highway Patrol. Pursuant to Sections 18930 and 1031 of the Government Code, the California Highway Patrol is required and authorized to conduct a personal background investigation.

I hereby authorize the California Highway Patrol, or any other law enforcement agency designated by the California Highway Patrol, to investigate my present and past record or character, and to ascertain any and all information which may concern my record and character, whether the same is of record or not. This authorization includes, but is not limited to, information, records, statements, and opinions pertaining to my employment, preemployment, military, financial, credit, selective service, arrest, conviction, driving, traffic reports, or educational histories including, but not limited to, academic achievement, attendance, athletic performance, disciplinary records, background reports, truth verification including polygraph examinations, and psychological examination results, efficiency ratings, any and all internal affairs investigations, complaints or grievances filed by or against me, information of a confidential or privileged nature, and the recollection of attorneys at law. I further understand that statements will be solicited from past and present employers, acquaintances, spouses, etc., and that I waive any cause(s) of action against such interviewees based on the content of their statements. Additionally, notwithstanding the waiver of any cause(s) of action against interviewees, I understand that I can seek relief from any allegedly false or malicious statements by seeking an administrative appeal through the State Personnel Board. I further authorize the California Highway Patrol, or any other law enforcement agency designated by the California Highway Patrol, to examine and obtain copies and abstracts or records and documents.

The disclosure of this information will be used to assist the California Highway Patrol in determining my suitability for employment as a Cadet, California Highway Patrol. However, if unable to obtain the requested information, the California Highway Patrol will not be able to complete a thorough background investigation and may be unable to determine my suitability for employment.

Upon presentation of this release, copy, or faxed copy, I hereby direct and authorize you to fully and completely disclose and release such information and to release copies and abstracts to any officer or authorized representative of the California Highway Patrol or other law enforcement agency designated by the California Highway Patrol to conduct my background investigation.

This authorization, copy, or faxed copy, when presented through the U.S. mail in conjunction with an official request or in person by an officer or authorized representative of the California Highway Patrol or other designated law enforcement agency, is valid for one calendar year (365 days) from the date I indicated below. This release is executed with full knowledge and understanding that the information is for the official use of the California Highway Patrol.

I hereby release all persons, organizations, corporations, or entities from any and all charges and 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 any attempt to comply with it.

**TO BE COMPLETED BY APPLICANT**

PRINTED NAME	SIGNATURE	DATE
OTHER NAMES USED (MAIDEN NAME, NICKNAMES, ETC)	ADDRESS	
SOCIAL SECURITY NUMBER	(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The S.S.N. will be used for identification purposes to ensure that proper records are obtained.)	

**ALL PURPOSE ACKNOWLEDGEMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ Date before me, \_\_\_\_\_ Name and Title of Officer (e.g., 'Jane Doe, Notary Public')

personally appeared \_\_\_\_\_ Name(s) of Signer(s)

☐ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (seal)