



STATE OF CALIFORNIA - BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AUTHORIZATION TO RELEASE MEDICAL INFORMATION



TO:

I am an applicant for employment with the California Highway Patrol. The State Personnel Board Medical Officer will be determining my medical/physical fitness for the position by reviewing my medical history.

This is to authorize any physician, or other licensed practitioner, hospital clinic or other institution, or United States Veteran's Administration to release findings and conclusions regarding my physical and mental condition to the State of California Personnel Board Medical Officer, the California Highway Patrol, or any law enforcement agency designated by the California Highway Patrol.

Upon presentation of this release or a copy of it, 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, or a copy of it, 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 / MEDICAL I.D. NUMBER	(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)	