



Applicants for employment or volunteer positions  
 Police Waiver and Authorization to Release Information

To Whom It May Concern:

I authorize you to furnish the City of Burlington with any and all information you have concerning me, my work record, my reputation, my medical records, my financial status, and my military service record. Information of confidential or privileged nature may be included. Your reply will be used to assist the City of Burlington in determining my qualifications and fitness for the position I am seeking with the City of Burlington.

I understand my rights under Title 5, United States Code, Section 552a, Privacy Act of 1974, and waive these rights with the understanding that the information furnished will be used by the City of Burlington in conjunction with employee procedures.

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

I authorize the City of Burlington and/or the Washington State Patrol through the W.A.T.C.H. program to provide the City with Criminal History Information and I understand that this information will not be released to any unauthorized persons pursuant to RCW 10.97, Washington State Criminal Records Privacy Act.

\_\_\_\_\_  
 Applicant's Signature Date

(Please print) \_\_\_\_\_  
 Applicant's **Last Name** **First** **Middle**

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Alias: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

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**Request: Criminal History Check pertaining to employment with the City of Burlington**

Requested by: \_\_\_\_\_ Department: \_\_\_\_\_  
 Name of Department Head / Supervisor (please print)

*I understand that the criminal history information provided by the Washington State Patrol criminal history record information through the Washington Access to Criminal History (W.A.T.C.H.) will not be released to any unauthorized persons pursuant to RCW 10.97, Washington State Criminal Records Privacy Act.*

\_\_\_\_\_  
 Department Head/ Supervisor Signature Date

FOR OFFICE USE ONLY: Date WATCH request submitted: \_\_\_\_\_

Submitted to WATCH by: \_\_\_\_\_

Results: \_\_\_\_\_

*Note: A photo reproduction of this request shall be for all intents and purposes as valid as the original.*