



COLVILLE TRIBAL POLICE DEPARTMENT
MICHAEL HENRY – CHIEF OF POLICE
28 OKANOGAN ST/P.O. BOX 617
NESPELEM, WASHINGTON 99155
509-634-2472



AUTHORIZATION TO RELEASE INFORMATION

Pursuant to any investigation concerning my suitability for employment with the **NESPELEM SCHOOL DISTRICT #014**:

I, _____, do hereby authorize, and consent to, the release of all records (employment, social security, medical, psychiatric, financial, criminal, and traffic violation data) pertaining to myself, to the Colville Tribal Police department.

Further, I release and hold harmless any employer, physician, psychiatrist, financial institution, government agency, or traffic bureau of any liability connected with the release of said information.

Further, I demand that all information received by the **NESPELEM SCHOOL DISTRICT #14** be used solely to evaluate my fitness for employment, and shall be regarded and held as confidential, and be utilized solely for the issue at hand.

A photocopy, scan or facsimile of the original of this document shall be as valid as the original. This authorization shall be void one year from the date authorized.

Dated this _____ day of _____, 2017

By _____

Subscribed and sworn before me this _____ day of _____, 2017

Notary Public in and for the State of _____.

(Seal)

Residing at _____.

My Commission expires _____.

Signed _____.