City of Barwick

Human Resource Division

Personal History release

P.O. Box 145, Barwick, Georgia 31720 Telephone (229) 735-2311 Fax (229) 735-4151

I do hereby authorize a review of and full disclosure of all records concerning myself to the City of Barwick and/or their agent.

The intent of the authorization is to give my consent or full and complete disclosure of the records of educational institutions, the records of the U.S. Department of Defense including any military records; financial statement and records wherever filed; Medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration: employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorney at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that the information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon the release authorization will be considered in compiling any report of the Georgia Peace Officers Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person from any and all liability, which may be incurred as a result of furnishing such information.

I understand that this information may be obtained through use of this waiver at any time which my registration or certification is maintained through the George Peace Office Standards and Training Councils or while employed as an employee of the City of Barwick.

A photocopy of this release form will be valid as an original thereof, even thought said copy does not contain an original writing of my signature.

NOTE: This form must be notarized

Print Full Name Including Maiden:		
Address:		
Mailing Address:		
S. S. Number:	DOB:	
		Date
Applicant Signature		Date
Notary		Date Signed