Latah County Sheriff's Office Search and Rescue Background Waiver

Printed Name (First Middle Last):	Unit that you are applying for:
Address:	Idaho State Trackers Latah County Vehicle Posse Latah County Sheriff's Mounted Posse Palouse-Clearwater Search and Rescue Latah County SAR K-9 Unit
Phone Number:	_
Date of Birth Driver's License Number / State	
WAIVER AND AUTHORIZA	ATION TO RELEASE INFORMATION
To Whom It May Concern:	
I authorize you to furnish the Latah County Sheriff's Office with any and all information that you may have concerning me, my work record, my reputation, my military service records, and my financial status. Information of a confidential and/or privileged nature may be included. Your reply will be used to assist the sheriff's office in determining my qualifications and fitness for the position I am seeking with that office.	
I understand my rights under Title 5, United States Code, S understanding that information furnished will be used by the	Section 552a; the Privacy Act of 1974; and waive those rights with the Latah County Sheriff's Office.
I hereby release you, your organization and others from any requested.	y liability or damage which may result from furnishing the information
Print Name	Signature
NOTARIZATION: Subscribed and sworn to before me on theday of	, 20
	Notary Public
	For the State of
(SEAL)	Residing at
	Commission expiration
**NOTE: This form must be signed in the presence of a Nota intents and purposes as valid as the original. You may retain	ary Public. A photocopy reproduction of this request shall be for all this form in your files.
Clear Wants Clear Criminal History	Checked and Verified by:
Dispatcher: Date:	Unit Coordinator: