Houston Police Department
CJIS Compliance Unit

Non-Police Personnel

☐ **Unescorted** ☐ **Escorted** **CJISID:** _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, (print name) _____, do hereby authorize a review of and full disclosure of all criminal records concerning myself to any duly authorized agent of the City of Houston Police Department, Human Resources Division, and CJIS Compliance Unit, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any records of a criminal nature, which will include but is not limited to information regarding; arrests, criminal charges, criminal convictions, and any information regarding contact with a criminal justice agency or any criminal case in which I presently have, or have had an interest or been a party.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my eligibility for gaining physical or logistical access to any Houston Police Department facility area or any system, process, or operation, whereby Criminal Justice Information (CJI) is processed, transmitted, accessed, or stored.

I understand that the Houston Police Department will determine if access will be granted based upon the results of the background investigation, and requirements stated in the Texas Department of Public Safety (Texas CJIS Systems Access Policy) and the CJIS Security Policy 5.0. I understand that the Houston Police Department may implement stricter policies than the minimum standards provided by the Texas Department of Public Safety (Texas CJIS Systems Access Policy) and the CJIS Security Policy 5.0.

I also 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(s) from any and all liabilities which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof; even though the said photocopy does not contain an original writing of my signature.

_____
Witness Signature

_____
Signature

Date Signed: _____

Address: _____

_____
Witness Name (printed)

_____ _____
City State

Telephone: _____

Date of Birth: _____ / _____ / _____ Race: _____

Title: _____

Social Security: _____ Sex: _____

_____
Name of Company

Driver's License: _____ State: _____

Contact Phone: _____

Email: _____