



Houston Police Department



CJIS Compliance Unit

Non-Police Personnel

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: ____ / ____ / ____

Title: _____

Social Security: ____ - ____ - ____

Name of Company:

Driver's License: _____ State: _____

Race: _____ Sex: _____

Contact Phone: _____

Email: _____