



TCOMM 911

POLICE | FIRE | MEDICAL
Your Emergency – Our Priority

THURSTON 9-1-1 COMMUNICATIONS

2703 Pacific Avenue SE, Suite A
Olympia, WA 98501
Bus (360) 704-2730
Fax (360) 704-2723

CONFIDENTIAL

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with Thurston 9-1-1 Communications, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information of a confidential or privileged nature to Thurston 9-1-1 Communications. This information may include, but is not limited to, my academic, residential, performance, attendance, employment history, and criminal history record information.

I hereby release you, your organization, or other parties from any liability or damage which may result from furnishing the information requested.

Signature

_____/_____/_____
Date

12/10/15