



**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