

POLICE DEPARTMENT  
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Las Cruces, NM 88003-8001  
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## Authorization for Release of Information and Waiver of Liability

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records and information concerning myself to any duly authorized representative of the New Mexico State University Police Department, whether said records are of a public, private, or confidential nature. This authorization does not any medical records or worker's compensation claims.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, employment and pre-employment records (including background reports, efficiency ratings, complaints or grievances filed by or against me), criminal justice agency records and related information, and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case (either criminal or civil) in which I presently have, or have had, an interest, excluding any medical malpractice cases or worker's compensation claims.

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 suitability for employment by the New Mexico State University Police Department.

By signing below, I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any liability which may be incurred as a result of furnishing such information. Copies of this release shall be as valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
**Applicant's Signature / Date**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**City / State / Zip Code**

\_\_\_\_\_  
**Phone Number**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Notary Seal)

MUST BE NOTARIZED!

\_\_\_\_\_