

**WAUKESHA COUNTY SHERIFF'S DEPARTMENT  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION  
SECURITY CLEARANCE AND CONFIDENTIALITY AGREEMENT**

As an applicant for a Waukesha County Sheriff Explorer Program within or access to the Waukesha County Sheriff's Department or other government agency,

I, \_\_\_\_\_  
(Print Name)

do hereby authorize a review of, and full disclosure of, records concerning myself to any duly authorized agent of Waukesha County Sheriff's Department, whether said records are of a public or confidential nature. I reiterate and emphasize that the intent of this authorization is to provide full and free access to my history for the specific purpose of pursuing a background investigation that may provide pertinent data for the Waukesha county Sheriff's Department **to ensure the safety of the employees of the Waukesha County Sheriff's Department, Waukesha County and the general public.**

The intent of this authorization is to give my full consent for full and complete disclosure of the public or private records of my criminal history, civil court action, driving records, employment and pre-employment records, including background reports and efficiency ratings, the records of 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, attendance records, any internal affairs investigations and discipline, including files which are deemed to be confidential and/or sealed, or any other information related to the security of the Waukesha County Sheriff's Department.

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 access to the Waukesha County Sheriff's Department and its staff.

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), organizations or others from any and all liability which may be incurred as a result of furnishing such information. I agree to indemnify and hold harmless, the person to whom this request is being presented, and their agents and employees from and against all claims, losses and expenses, including reasonable attorney fee arising out of or by reasons of complying with this request.

**CONFIDENTIALITY AGREEMENT**

THE UNDERSIGNED MAY BE GIVEN ACCESS TO AND KNOWLEDGE OF CONFIDENTIAL INFORMATION WITHIN WAUKESHA COUNTY DEPARTMENTS AND/OR THE WAUKESHA COUNTY SHERIFF'S DEPARTMENT. THE UNDERSIGNED AGREES TO KEEP THE INFORMATION CONFIDENTIAL AND NOT TO COPY ANY MATERIALS OR INFORMATION, DISCUSS THEM WITH ANYONE OR ALLOW ANY OTHER PERSON TO HAVE ACCESS TO THE INFORMATION OR MATERIALS, UNLESS APPROVED BY WAUKESHA COUNTY AND/OR THE WAUKESHA COUNTY SHERIFF'S DEPARTMENT ADMINISTRATION.

A photocopy or fax 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.

\_\_\_\_\_  
Signature (Include Maiden Name)

\_\_\_\_\_  
Print your full name and any other names you have used or been known by

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Area Code/Telephone Number

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

\_\_\_\_\_  
If under 18 parent or guardian signature