

# VALLEY COUNTY SHERIFF'S OFFICE

107 W. Spring St. Cascade, Idaho 83611

208-382-5160 sheriff@co.valley.id.us

## RELEASE OF INFORMATION WAIVER

As an applicant for the position of \_\_\_\_\_ with the Valley County Sheriff's Office, I, \_\_\_\_\_, am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including but not limited to; information of a confidential or privileged nature, any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement of court proceeding involving disciplinary matters, any and all law enforcement records held by any agency or any peace officers standards and training in any state.

I hereby acknowledge that I have been advised that the records or information contained therein may be considered confidential under Idaho Code and therefore subject to discovery or disclosure only pursuant to a noticed motion under Idaho Code. By signing authorization, I hereby waive any and all rights to have any record or records or information contained therein discovered or disclosed only by a noticed motion pursuant to Idaho Code and hereby authorize the disclosure of all records to which, as an employee, the undersigned would or did have access.

I understand that I will not receive and am not entitled to know the contents of the confidential reports received and I further understand that these reports are privileged.

This release is activated as of the date of signing this document.

I hereby release, discharge, exonerate the Valley County Sheriff's Office, Human Resources, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, representatives, heirs and assigns.

A photocopy or facsimile of this release is to be considered as valid as an original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, (yr.) \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission expires

PATTI BOLEN  
SHERIFF



DAVID STAMBAUGH  
CHIEF DEPUTY