



**PEACE OFFICER STANDARDS AND TRAINING (POST)  
AUTHORITY FOR RELEASE OF INFORMATION  
PERSONAL INQUIRY WAIVER**

**To Whom It May Concern:**

**Applicants Full Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_(initials) I hereby authorize any representative of Idaho Peace Officer Standards and Training bearing this release, or copy of it, within one year of its date, to obtain any information in your files pertaining to my ability to meet the POST Minimum Standards for Employment. I request copies be mailed to Idaho POST.

\_\_\_\_\_(initials) I authorize Idaho Peace Officer Standards and Training staff to duplicate or make copies of this document for the purposes of authorizing the release of information.

\_\_\_\_\_(initials) This information will be used to aid Idaho Peace Officer Standard and Training in determining my qualifications, eligibility, and fitness for the position of a certified police/detention/reserve/probation/correction officer in the state of Idaho.

\_\_\_\_\_(initials) I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, or your organization and any others including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization.

Applicant's Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Notary Required:**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared

(Applicant's Full Name)

before me to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

State of \_\_\_\_\_

County of \_\_\_\_\_

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

(SEAL)

My commission expires: \_\_\_\_\_