



**Augusta University Police Department
PERSONAL INQUIRY WAIVER
FORM**

Authorization and Release

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification on any part of this application form, or credentials, may disqualify me or result in my immediate dismissal, regardless of when discovered.

Furthermore, I hereby authorize the Augusta University Police Department, its agents or representatives, to contact any person or entity named on my application and any attached credentials, for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualifications. I also authorize the Augusta University Police Department to perform criminal background investigation and driving history. I hereby release the Augusta University Police Department, its agents, representatives, and any entity providing information pursuant to this Authorization and Release of information, from all liability upon the provision of that information

Signature (full name): _____ Date: _____

Print (full name): _____

Other names used: _____

Date of birth: _____

Sex: _____ Race: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Social Security Number: _____

Current Address: _____

Phone Number: _____

NOTE: YOUR APPLICATION WILL NOT BE PROCESSED IF THIS FORM IS NOT PROPERLY COMPLETED.