

# LAW DOGS MOTORCYCLE CLUB

## AUTHORIZATION FOR RELEASE OF INFORMATION AND PERSONAL INQUIRY WAIVER

Agency/Employer	Position/Rank	Dates of Employment
Address	City	State
Immediate Supervisor	Position/Rank	Phone

I respectfully authorize you to furnish a representative from the Law Dogs Motorcycle Club any requested information that you may have as to my employment with the above stated agency/employer. I hereby release you, your organization or others from any and all liability whatsoever and/or damages which may result from furnishing the information requested. A faxed copy or a photocopy sent to the above stated agency/employer of this authorization shall be deemed as effective as the original.

Print Name	Signature	Dated
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This Waiver is valid for only a six month period from the above date.