

**Personal Inquiry Waiver  
Authority for Release of Information**

I respectfully request and authorize local, state, and federal criminal justice agencies to release to Advocacy Center for Crime Victims and Children any and all information that you may have concerning me, my work record, school record, and/or reputation. This information provided is for the sole purpose of determining my qualifications and fitness for the position I am seeking with Advocacy Center for Crime Victims and Children.

I further authorize a personal background check, criminal history information check, and driving record check to be conducted on my person through sources to include, but not limited to, the local Police Department and the Texas Criminal Information Center (TCIC)/National Crime Information Center (NCIC) to determine my eligibility for volunteer status with Advocacy Center for Crime Victims and Children. This executed personal inquiry waiver shall allow Advocacy Center for Crime Victims and Children to complete any number of personal background, criminal history, and driving record checks as needed for a period of five (5) years from date of signature.

I hereby release you, your organization, Advocacy Center for Crime Victims and Children, and others from any liability or damage that may result from furnishing the information requested above.

*This form must be notarized. Do not sign until time of notarization.*

Full name of applicant: \_\_\_\_\_  
(Please print clearly)

Address: \_\_\_\_\_  
\_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Subscribed and sworn before me this, the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

(seal)

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

W B M F

Requested by: ☐ VC ☐ P&B ☐ CAC ☐ Administrative