



CITY OF DALLAS

**PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION**

TO: Law Enforcement Agency

I respectfully request and authorize you to furnish the Dallas Fire-Rescue Department any and all information that you may have concerning any criminal record. Please include all information of a confidential or privileged nature and copies of same if applicable. This information will be strictly utilized in assisting the Dallas Fire-Rescue Department Training Division in determining my eligibility for the **Citizens' Fire Academy**.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

Applicant's Printed Name

Applicant's Signature

Date

Date of Birth

Gender (M/F)

Ethnicity

Applicant Address