



RELEASE OF INFORMATION

CITY OF JAL POLICE DEPT. PO DRAWER W JAL NM 88252

OFFICE: 575-395-2501 FAX: 575-395-3473

I, _____, give (name of previous employer(s)), _____.

Permission to release information contained in my personnel file to the Jal Police Department regarding the following areas:

- Checkboxes for: Date of Hire, Vacation Time, Personal Time, Date of Termination, Administrative Leave Time, Performance Evaluations, Beginning Salary, Leave without Pay, Disciplinary and Termination Records, Ending Salary, Worker's Compensation Leave, Attendance Reports, Illness or Injury, Tardiness, All the Above.

Signature

State of New Mexico, County of Lea.

Signed and sworn to [or affirmed] before me this ___ day of _____, 20___.

Notary's official Signature

Commission Expiration

Notary Stamp