

FAX (661) 654-3194

University Police Department California State University, Bakersfield 6 PS 9001 Stockdale Highway Bakersfield, California 93311-1022 (661) 654-2111



## Undergraduate students must maintain a minimum of 8 units and graduate students 4 units while employed at CSUB

Community Service Officer Level I	Level III			•
Name:	,	Todav's Da	te:	
Your Address while in school:	Last		,	
Local Phone:	street Email	city:	state	
Your Address while not in school:		city		
Other Contact Phone:		e email:	state	
Year in School:	Driver's Licen	se Number ar	nd State:	
Skills (computer, radio, telephone, etc.):				
	Iame, Address, Ph	none		uties
(attach additional sheets as needed)				
Applicant's Certification and Authorization: I c knowledge. I agree to have any of the statements checked by Bakersfield Police with information concerning my previous em that any misrepresentation, falsification, or material omission offer, or, if hired, dismissal from the position. Your signature at By checking this box, I understand	California State Universing of any pertion of information on this apaffirms that all information.	sity, Bakersfield. I nent work-related i plication may resul on on this applicati	authorize the employ nformation that they It in my failure to be on is true to the best	yers listed to provide CSU. may have. I understand considered, to receive and t of your knowledge:
nights, weekends, and holidays.				
Signature:	Date:			

"ATTITUDE MAKES THE DIFFERENCE"

The California State University - Bakersfield - Channel Islands - Chico - Dominguez Hills - East Bay - Fresno - Fullerton - Humboldt - Long Beach - Los Angeles - Maritime Academy Monteney Bay - Northindge - Pomona - Sacramento - San Bernardino - San Diego - San Francisco - San Jose - San Luis Obispo - San Marcos - S



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## RELEASE AND WAIVER

## TO WHOM IT MAY CONCERN:

I, hereby authorize any police officer or other authorized representative of the California State University, Bakersfield Department of Public Safety bearing this release, or a copy of it, within six months of its date, to obtain any information in your files pertaining to my employment, credit, or educational records, but not limited to academic achievement, attendance, athletic, personal history, performance reports, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records and credit records.

I also hereby authorize any police officer or other authorized representative of the California State University, Bakersfield Department of Public Safety bearing this release, or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employers or any current or former physicians, or both, which pertain to my employment. I hereby direct you to release this information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the California State University, Bakersfield Department of Public Safety.

Consent is granted for the California State University, Bakersfield Department of Public Safety to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the California State University, Bakersfield Department of Public Safety. I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, hospital, or other repository or medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.

Full Name Printed	Date
Full Name Signature	Date
Current Address	
Telephone Numbers: Day	Evening
CSUB P.D. 1-2007	

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