CALIFORNIA NATIONAL GUARD COUNTERDRUG TASK FORCE

AUTHORITY TO RELEASE INFORMATION

AUTHORITY: 50 U.S.C Section 781-887, Internal Security Act of 1950; Executive Order 0540, Security Requirements for Government Employment; Executive Order 12356, National Security Information and 5 U.S.C 301, Department Regulations, AR 380-67, Personnel Security Program, NGB 500-2/ANGI 10-801, National Guard Counterdrug Support .

PURPOSE: To determine suitability for entry into, and retention in the California National Guard Counterdrug Task Force.

DISCLOSURE IS VOLUNTARY: However, failure to furnish complete information may result in non-assignment or non-retention in the California National Guard Counterdrug Task Force.

1. I, _____, understand that a personnel
LAST, FIRST, MIDDLE (TYPE OR PRINT)

integrity program check is required prior to my acceptance into the Counterdrug Task Force. I further understand that while on the Counterdrug Task Force, retention/periodic checks may be required to ensure my continued suitability for the Task Force.

2. Therefore, I hereby consent and authorize the release of information held by any government or civilian agency, whether Federal, State, or Local, civilian or military, law enforcement or otherwise, including, but not limited to: military personnel records; motor vehicle and driver's license records; physical examination; security clearance records; state; local; and federal criminal records; credit reports; training records; personal history; disciplinary records; education records; HIV test results; and urinalysis results.

3. I authorize release of any information of a confidential or privileged nature, or any data or materials, which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

4. I hereby acknowledge that I have been advised that the records or information contained therein may be considered confidential under Penal Code Section 832.7 and therefore subject to discovery or disclosure only pursuant to a noticed motion under Evidence Code Section 1043. By signing this authorization, I hereby waive any and all rights to have any record or records or information contained therein discovered or disclosed only by a noticed motion pursuant to Evidence Code Section 1043 and hereby authorize the disclosure of all records to which, as an employee, the undersigned would have or did have access. I understand that I will not receive and am not entitled to know the contents of confidential reports received, and I further understand that these report are privileged.

5. I hereby release, discharge, and exonerate the California National Guard Counterdrug Task Force, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, ad this release shall be binding on my legal representatives, heirs and assigns.

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6. I hereby release you as the custodian of such records, and any school, or other repository of military, employment or medical records, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request validity of this release, you may contact me as indicated below.

7. I hereby understand and agree that during any period of time I am on orders with the Counterdrug Task Force I am required to promptly inform (within ten days of occurrence) my Counterdrug Task Force commander if any of the following occur: I am arrested by law enforcement, I have a positive urinalysis for drug use, I become subject to any disciplinary action (military or civilian) including any non-judicial punishment (Article 15), I become subject to any civilian or military court orders, or I become subject to any foreseeable criminal (civilian or military) adjudication. I understand that if I fail to comply with this notification requirement I may be terminated for cause from the Counterdrug Task Force.

8. A photocopy of this release is to be considered as valid as an original.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by and up to termination from the California National Guard Counterdrug Task Force, by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Date	Signature (Sign in Ink)
Social Security Number	Full Name (Typed or Printed)
Telephone Number	Current Address
Date of Birth	California Driver's License Number
Witness Name (Typed or printed)	Witness Signature (Sign in Ink)