



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 EMS Division in determining my eligibility for the **2010 EMS Expo Ambulance Ride Along Program.**

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's Address**

**Dallas Fire Rescue Department  
Emergency Response Bureau  
Attn: Tami Kayea, Section Chief  
Emergency Medical Service Division  
1551 Baylor Street, Suite 300, Dallas, Texas 75226  
[tami.kayea@dallascityhall.com](mailto:tami.kayea@dallascityhall.com)**