



# STRASBURG POLICE DEPARTMENT

174 E. King Street, P.O. Box 351  
Strasburg, Virginia 22657

(540) 465-5230  
(540) 465-8308 fax

**WAYNE SAGER**  
Chief of Police

**JAY MAGDINEC**  
Captain

**TERESA SHILLINGBURG**  
Administrative Assistant

## PERSONAL INQUIRY WAIVER

TO: \_\_\_\_\_

I respectfully request and authorize you to furnish the STRASBURG POLICE DEPARTMENT, any and all information that you have concerning me, my work record, my school record, my reputation, my financial and credit status. Please include any and all medical, physical and mental record; or reports, including all information of a confidential or privileged nature, and photostats of same, if required. This information is to be used to assist the Strasburg Police Department in determining my qualifications and fitness for the position I am seeking with the Strasburg Police Department.

I hereby waive all rights to view or have access to any information given to the Strasburg Police Department as part of the employment investigation. I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information requested.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address Street, City, State & Zip Code

## AN AFFIDAVIT ACKNOWLEDGEMENT

COMMONWEALTH of VIRGINIA  
COUNTY OF SHENANDOAH

Know all men by these present that on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, personally appeared before me the undersigned authority and upon being dully sworn, did acknowledge that he or she had voluntarily executed the above instrument for the purpose therein expressed.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public