

**EXHIBIT 2
DESCHUTES COUNTY SHERIFF'S OFFICE – ADULT JAIL
PERSONAL INQUIRY WAIVER & RELEASE**

Organization Employed With: _____

I, _____ (hereinafter Applicant/Releasor)
(Print your name)

understand that Deschutes County Sheriff's Office – Adult Jail (AJ) will conduct an investigation that includes obtaining information regarding any criminal background. Applicant/Releasor also understands the criminal history background check may include contacting jurisdictions of prior residences for criminal records.

Applicant/Releasor understands the information contained in the criminal history background check will be available to those persons involved in approving my authorization to conduct official business at the AJ.

Applicant/Releasor hereby consents to the criminal history background check as described above and authorizes Deschutes County Sheriff's Office – Adult Jail to obtain reports concerning my background as stated above. Applicant/Releasor hereby releases the AJ, its deputies, agents and employees from all liability related to the AJ using my criminal background information to make decisions on approval or denial for conducting official business at the AJ.

Signature of Applicant _____
Date _____

Print Name of Applicant _____

Print Other Names Used _____

Driver's License Number/State _____ Date of Birth _____

If applicable, Applicant's Supervisor Signature _____
Date _____

**INCLUDE A COPY
OF DRIVERS
LICENSE WHEN
SUBMITTING
THIS FORM**

Contractors:

Company Name _____ CCB # _____

<u>For Jail Use Only</u>		
Administrative Lieutenant Approval: _____		
		Date
LEDS check done by:	_____	_____
	Initials	DPSST #
		Date
CCB# check done by:	_____	_____
	Initials	DPSST #
		Date

Personal Inquiry Waiver & Release Form No. 660 (09-05-19)