

COUNTY OF HUMBOLDT
AUTHORIZATION FOR DISCLOSURE OF EMPLOYMENT RECORDS
AND WAIVER OF RIGHTS AND PRIVILEGES

I, Adrian Kamada, am an employee of the County of Humboldt (“County”) and I am requesting that the contents of my confidential employment file (including personnel and departmental records) be disclosed and disseminated to the following individual(s) as follows:


Disclosure to Ryan Burns of the attached three memorandums relating to my dismissal from the Humboldt County District Attorney’s Office in response to Mr. Burns’ Public Records Act Request for “a copy of all documents in the Ryan Tanner homicide case that relate to Kamada’s subsequent termination from the DA’s Office.”

By executing this Authorization for Disclosure of Employment Records and Waiver of Rights and Privileges (“Authorization and Waiver”), I am informed, understand, and concur with the following:

1. All or parts of my confidential employment file (including personnel and departmental records) will be disclosed as permitted and authorized above and, once disclosed, any and all legal and equitable obligations that the County may have in connection with securing and maintaining the confidentiality of those permitted and authorized portions of my employment file shall immediately cease.
2. The County has no control, and no corresponding obligation or duty, regarding the use, presentation, or further dissemination of the permitted and authorized portions of my employment file upon disclosure.

3. I hereby waive, release, discharge, and promise not to sue, make any claims, demands, or file any actions whatsoever against the County, its Board of Supervisors, officers, agents, or employees, for any claims, damages, or loss arising out of or in connection with the disclosure and dissemination of those permitted and authorized portions of my employment file.
4. I have been provided with the opportunity to discuss the contents and disclosure of my confidential employment file with the County's Human Resources Department prior to executing this Authorization and Waiver, and all my concerns and questions have been addressed to my satisfaction.

I have carefully reviewed this Authorization and Waiver and acknowledge that I am fully familiar with and understand the contents of this Authorization and Waiver. I am under no disability, duress, or undue influence at the time of my signing of this instrument and I certify that I am signing it freely and voluntarily as my own free act and deed.

Signature:  Date: 5/11/22

Print: Arjun Kamath

Witness:  Date: 5/11/22

Print: Zach O'Hanen