

CONSTANTINE POLICE DEPARTMENT

115 White Pigeon Street

Constantine, MI 49042

(269) 435-4355

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Constantine Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all-relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Constantine Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the Constantine Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Constantine Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, financial status, my criminal history record, including any arrest records, and information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal law. I hereby release you, as the custodian of such records of said organization, including its officers, 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 to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Constantine Police Department, regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information

pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Constantine Police Department's acceptance and processing of my application for employment, I agree to hold the Constantine Police Department its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Constantine Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure records and I waive those rights with the understanding that information furnished will be used by the Constantine Police Department, in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person(s) to whom this request is presented and his agent(s) and employee(s), from and against all claims, damages, losses, and expenses, including reasonable attorney fees arising out of your complying with this request.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

SIGNATURE: _____