

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND CRIMINAL HISTORY RECORD INFORMATION

I, the undersigned, do hereby authorize the procurement, review and disclosure of all records concerning myself to any duly authorized officers or agents of the Union Point Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to demonstrate my unconditional consent for the full and complete disclosure of records from educational institutions; financial or credit agencies including credit reports and/or ratings, and other financial statements wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records including internal investigations, reports, background reports, polygraph exam results, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me; all forms of social media network information; the records of my attorney(s) at law or other counsel, either criminal or civil, that has/have represented me in any other matter which I presently have or have had an interest; and any other document or article of information deemed pertinent by the Union Point Police Department for the purposes of assessing the employment suitability of;

NAME OF APPLICANT (Please Print): _____

I understand that any information obtained by a personal history background investigation, which is prepared in reliance -in whole or in part- upon this Release will be considered in determining my suitability for employment with the Union Point Police Department. I also certify that any person(s) or entities who may furnish information concerning me shall not be held accountable or liable for giving such information; and I hereby specifically release such person(s) or entities from any and all liability which may or could be incurred as a result of furnishing such information. I also release the City of Union Point and the Union Point Police Department from any and all liability associated with the requesting and/or procuring of such information.

I hereby authorize the Union Point Police Department to receive any criminal history record information and driver's history information pertaining to me or my spouse (if applicable) which may be in the files of any criminal justice agency. A photocopy of the release form will be valid as an original thereof, even though said photocopy does not contain any original writing of my signature.

APPLICANT'S SIGNATURE: _____

Sex: _____ DATE OF BIRTH: _____ SSN: _____

ADDRESS: _____

APPLICANT'S SPOUSE NAME: (please print) _____

APPLICANT'S SPOUSE SIGNATURE (if applicable) _____

SEX: _____ DATE OF BIRTH _____ SSN _____

ADDRESS: _____

Sworn and subscribed in my presence this ____ Day of _____, _____

Notary Public's Signature

(Place Commission Information and Seal)