

BERRIEN SPRINGS ORONOKO TOWNSHIP POLICE DEPARTMENT

AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION AGREEMENT

To Whom It May Concern:

I am the applicant for a position as a police officer with the Berrien Springs Oronoko Township 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 have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Berrien Springs Oronoko Township Police Department. This includes, but is not limited to the Social Security Administration Office, U.S. Veteran Affairs Administration, Department of Human Service, etc.

I hereby authorize any representative of the Berrien Springs Oronoko Township 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 Berrien Springs Oronoko Township Police Department, whether said records are of a 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 Berrien Springs Oronoko Township 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 (including wages, efficiency ratings, complaints, grievances, or disciplinary actions), my background and reputation, my military service records, educational records, my financial status, including credit reports and/or ratings, my medical and psychiatric history, my criminal history record, including any arrest records, any 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 to you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ 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 the request of the duly accredited representative of the Berrien Springs Oronoko Township Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to release the information requested.

For and in consideration of Oronoko Township and the Berrien Springs Oronoko Township Police Department's acceptance and processing of my application for employment, I agree to hold Oronoko Township and the Berrien Springs Oronoko Township 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 Berrien Springs Oronoko Township 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 prosecuting or law enforcement 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 of records, and I waive those rights with the understanding the information furnished will be used by the Berrien Springs Oronoko Township 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 photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of six (6) months 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 below.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents, and employees, for and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

SIGNED: _____ DATE: _____

Printed Full Name: _____

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ State: _____

Street Address: _____

City/State/ Zip Code: _____

Home Phone () _____ Work / Cell Phone: () _____

Subscribed and sworn
to before me this _____ day of _____

Notary Name: _____
County: _____ Expiration: _____
Notary Signature: _____