

AUTHORITY FOR RELEASE OF INFORMATION

Name (Last, First, Middle)

DOB (MM/DD/YYYY)

Place of Birth

County or City

State

Country

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 South Bend Police Department, whether the said records are public, private or confidential in nature. The intent of this authorization is to give my consent for full disclosure of the records of educational institutions; financial or credit institutions including records of deposits, withdrawals and balances of checking and savings account, loans and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and salary records and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal, civil and /or traffic records; the result of any polygraph examinations; records of complaint of a civil nature made by or against me, wherever located, and to include the records and recollections of attorneys at law or of other council, whichever representing you or another person in any case in which I presently have or have had an interest.

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 which may provide pertinent data for the South Bend Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the South Bend Police Department. I understand that all materials pertaining to the background investigation becomes the property of the South Bend Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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

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

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Signature

Street Address

Subscribed and sworn before me this _____ day of

_____ 20 _____.

City

State

Zip Code

My Commission expires: _____

Notary: _____