**AUTHORITY FOR RELEASE OF INFORMATION**

Last Name First Name Middle Name

Social Security # Date of Birth (MM/DD/YYYY) Place of Birth (City, State, County)

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 Raytown Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, include records of deposits, withdrawals and balances of checking and savings accounts, and 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, any discipline or disciplinary action, complaints or grievances filed by or against me and salary records), real and personal property tax statements and records and other financial statements and records wherever filed: records of complaint, arrest, trial and / or convictions for alleged or actual violations of law, including criminal, civil and / or traffic records, the results of any polygraph or Computer Voice Stress Analysis (C.V.S.A) examinations; records of complaint of a civil nature made by or against me.

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 Raytown 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 the personal history background investigation which is developed directly or indirectly in whole or part; upon this release authorization will be considered in determining my suitability for employment by the Raytown 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.

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.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_