



EASTON POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DO HEREBY AUTHORIZE a review of a full disclosure of ALL records, or any part thereof, concerning myself, by a duly authorized agent of the EASTON TOWN 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 of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retail agencies (including credit reports and/or credit ratings); medical and/or psychiatric treatment and/or consultation(s), including hospitals, clinics, private practitioners, and the United States Veterans' Administration; public utility companies; employment and pre-employment records, including background reports and polygraph examination results, efficiency ratings, complaints and/or grievances filed by me or against me, and salary records; real and personal property records, and other financial statements and records, where-ever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records, records of complaints of civil nature made by me or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me 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 EASTON TOWN POLICE DEPARTMENT to consider in determining my suitability for employment by said agency. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the source(s) 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 authorization for release of information will be considered in determining my suitability for employment by the EASTON TOWN POLICE DEPARTMENT.

I AGREE TO INDEMNIFY AND HOLD HARMLESS the person(s) to whom this request is presented and his/her agents and employees, from and against ALL CLAIMS, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason(s) of complying with this request.

I FURTHER UNDERSTAND that in the event my employment application and/or resume is disapproved and/or not considered for employment, the sources of confidential information CANNOT BE RELEASED AND/OR REVEALED to me.

IT IS FURTHER UNDERSTOOD by me that 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

Date

Witness