AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPLICANT'S NAME: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

DATE: _____ **SIGNATURE:** _____

To Whom It May Concern: I am an applicant for a position with the Newberg-Dundee Police Department, Newberg, Oregon. The City of Newberg needs to thoroughly investigate my employment background and personal history to evaluate my qualifications for this position. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to the Newberg – Dundee Police Department.

I hereby authorize any representative of the Newberg – Dundee Police Department bearing this release to obtain any information in your files pertaining to my employment records, or any part thereof, regardless of whether those records are considered public, private or confidential. The intent of this authorization is to provide full and free access to my background and history, for the specific purpose of conducting a background investigation that may provide relevant information for the Police Department to consider in determining my suitability for employment with the Newberg – Dundee Police Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. This release does not authorize the release of any medical records.

I consent to your release of any and all, public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history, including any arrest records, any information in investigatory files, DMV and LEDS records, efficiency ratings, complaints or grievances against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another in any case in which I was involved, attendance records, polygraph examinations, any internal affairs investigations and discipline, including any files which are deemed confidential or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the requested information, regardless of any prior agreement I have made with you or your organization to the contrary. The Newberg-Dundee Police Department will discontinue processing of my application and/or background check if you refuse to provide the requested information.

For and in consideration of the Newberg – Dundee Police Department's acceptance and processing of my application for employment and background check, I agree to hold harmless and indemnify Newberg – Dundee Police Department, its officers, agents, and employees from any claim or liability associated to my background check and any decision to employ, not employ, or cease employing me with Newberg – Dundee Police Department. I understand that if information of a serious criminal nature is discovered in this investigation, that information will be turned over to the proper authorities.

I understand that the Privacy Act, 5 USC § 552a, prohibits disclosure of certain federal records without my signed authorization or other statutory exemption. My signature above indicates my express permission to release these records pursuant to 5 USC § 552a (b), to the Newberg – Dundee Police Department for their use in conducting this background check.

A photocopy of telephonic facsimile (fax) of this release shall be valid as an original, even though such photocopy or fax does not contain my original signature. This release shall be valid for six months from the date of my signature above.

Subscribed and sworn before me on this _____ day of _____, 200__.

_____
Notary Public for Oregon
In the County of _____

My commission expires the _____ day of _____, 200__.