

**POLICE DEPARTMENT** 

## CONSENT TO RELEASE INFORMATION

This is to certify that I, \_\_\_\_\_\_ have submitted an application for employment with the Lapel Police Department for the position of **Police Officer**.

I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to any representative of the Lapel Police Department, Town Of Lapel, or any third party Firm, Company, or Individual hired or contracted by the Lapel Police Department or the Town of Lapel for the purposes of a pre-employment screening.

I am aware that this information may be of a confidential or otherwise personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly release all persons from any and all liability and I further waive all privileges as a result of furnishing or communicating said information.

Information which may be requested and disclosed: Personal history, Medical records (physical or psychological), Education records and transcripts, Criminal records (adult and juvenile), Credit / financial records, Background information, Military service records, Any records which may be deemed pertinent to determining employment eligibility or suitability for employment in Law Enforcement, and Employment records to include any discipline or internal investigation records (including those that may be deemed sealed or confidential as per Indiana Code Section 9 IC 36-8-2-2 (b)).

This document and any records obtained will be maintained on file with the Lapel Police Department for a period of not less than one (1) year.

Signature of Applicant

Date

/\_\_\_\_/

Social Security Number

## NOTARY SIGNATURE MUST BE COMPLETED AT TIME OF SUBMISSION

State of Indiana County of		
Subscribed and sworn to before me on this	day of	, 20
Notary Public	Printed name	
My Commission expires the day of		