



Parkersburg Police Department

One Government Square Parkersburg, WV 26102

Phone: (304) 424-8444 Fax: (304) 424-3851

AUTHORIZATION FOR RELEASE OF INFORMATION

<u>Last Name</u>	<u>First Name</u>	<u>Middle Init.</u>	<u>Gender</u>	<u>Date of Birth</u>
<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>SSN</u>

This release, when presented by a duly authorized representative of The Parkersburg Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to The Parkersburg Police Department: Employment, Educational, Medical, Psychological, Selective Service, Police and Criminal, Motor Vehicle and Driving, Financial and Credit, Polygraph Examinations, and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, The Parkersburg Police Department. 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 an investigation, which may provide pertinent data for The Parkersburg Police Department, to consider my suitability for employment.

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 Parkersburg Police Department. I understand that all materials pertaining to this background investigation become the property of The Parkersburg 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/her 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 confidential information or source(s) of information will not be revealed to me. I also understand that any evidence implicating me in past, present, or future criminal activity will be divulged to any law enforcement agency that such criminal activity is pertinent to and that I risk criminal prosecution in such crimes. I also understand that if I am currently an active law enforcement officer and information is discovered that relates to illegal or conduct unbecoming of an officer that my current employer will be notified to facilitate appropriate action.

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:

Subscribed and sworn to before me on the _____ day of _____, _____.

Notary Public in and for the State of _____
residing at the city of _____
My commission expires _____

Signature

Date