AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I have applied for admission with the Vernon College Law Enforcement Academy. It is my desire that they be informed as to my previous record and character in determining my qualifications and suitability for a position with the Academy. For this specific reason, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privilege nature to a duly authorized agent of the Vernon College Law Enforcement Academy.

The following are examples of the type of information being requested:

Criminal arrest records Officer’s notebook notations

Traffic citations Court records/reports

Performance evaluations Polygraph results

School transcripts Detentions, field citations

Jail and custody information Traffic accident reports/records

Probation/parole reports/records Other reports or records

Disciplinary reports Medical information

Field interviews Booking information

District Attorney records Laboratory reports/results

Employment records Credit history

Psychological evaluations

I authorize the Vernon College Law Enforcement Academy to read, review, or photocopy any documents to allow them to assess my suitability as a Cadet of the Academy. I also understand that if my background investigation for this position should uncover information that I have, or am suspected of having, or have been engaged in illegal activities, that this information will likely bar me from further consideration for this position and it will be handed over to the appropriate law enforcement agency that has jurisdiction over investigating the illegal activity. This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this notarized waiver is to be considered as valid as an original waiver even though it does not contain an original signature.

“I hereby release you, your organization, and others from liability or damage which may result from furnishing the information requested.”

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Print Name Social Security Number

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Signature (MUST be notarized) Date

This instrument was acknowledged before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of person acknowledging).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name My Commission Expires