

**Authorization for Release of Information**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the City of Griffin. The City needs to investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed. I hereby authorize any duly accredited representative of the City of Griffin Police Department bearing this release to obtain information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records concerning me, whether said records are of public, private or confidential nature.

I consent to your release of any and all public and private information that you may have concerning me, my work records, efficiency ratings, background and reputation, military service records, educational records, financial status, criminal history including any arrest records, any information contained in investigatory files, complaints or grievances filed by me or against me, attendance records, polygraph examinations and/or any internal affairs investigations and discipline, including any files which are deemed to be confidential, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest. I hereby release you, as the custodian of such records, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of a duly accredited representative of the City of Griffin Police Department regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the City of Griffin's acceptance and processing of my application for employment, I agree to hold the City, its agents and employees harmless from any and all claims or liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Griffin. I understand that should information of a serious criminal nature be learned as a result of this investigation, such information may be turned over the proper authorities. I understand my rights under Title 5, United States Code Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Griffin in conjunction with employment procedures. A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, I may be contacted at the address listed below.

Applicant Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other names or aliases: \_\_\_\_\_ Sex: M F Race: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Other Phone: \_\_\_\_\_