

## **AUTHORITY FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Barnstable Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied, and to then use and disclose that information as a basis for and in support of its decisions regarding my application. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Barnstable Police Department bearing this release to obtain any information in your files and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Barnstable Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Barnstable Police Department to consider in determining my suitability for employment in that department and to authorize the Town of Barnstable to then use and disclose that information as a basis for and in support of its decisions regarding my application however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my medical and/or psychological records, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, 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, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed, and to permit any duly authorized agent of the Barnstable Police Department to inspect and make copies of any documents, records or other information. I hereby specifically waive any attorney-client privilege which may apply to any information sought in connection with my application and this release, both as to this application process and any administrative and/or judicial proceedings which may arise from it.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of \_\_\_\_\_, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time 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 the duly accredited representative of the Barnstable Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Barnstable Police Department's acceptance and processing of my application for employment, I agree to hold the \_\_\_\_\_, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Barnstable Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to 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 disclosure of records, and I waive those rights with the understanding that

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information furnished will be used by the Barnstable Police Department 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.

TO THE TOWN OF BARNSTABLE: I hereby authorize the Barnstable Police Department to use the information obtained pursuant to this release, or otherwise obtained as part of my application process, in making its determination on my employment application. I further authorize the Barnstable Police Department and the Town of Barnstable to disclose any such information: (1) to any individual, department, or entity involved in the processing of my application; (2) in all administrative and judicial proceedings arising out of the processing of my application; and (3) to any civil or criminal law enforcement agency.

This waiver is valid from the time information is furnished through and including its use by the Barnstable Police Department and the Town of Barnstable in processing my application, all administrative and judicial proceedings arising there from, and all civil or criminal enforcement actions arising there from.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and the Town of Barnstable and their 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, or using and disclosing the information as authorized pursuant to this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print or Type Full Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

**AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC**

**COMMONWEALTH OF MASSACHUSETTS ]  
COUNTY OF BARNSTABLE ] SS**

Then appeared before me the above-named, \_\_\_\_\_,  
and swore the statements made herein to be true.

Dated \_\_\_\_\_

\_\_\_\_\_  
*Notary Public Signature*

*My commission expires:* \_\_\_\_\_