

**CUMBERLAND METROPOLITAN POLICE DEPARTMENT
11501 E. WASHINGTON ST.
CUMBERLAND, IN 46229**

**APPLICANT'S AUTHORIZATION / WAIVER
TO RELEASE INFORMATION**

I have submitted an application for employment with the Cumberland Metropolitan Police Department. I hereby authorize and request all persons to whom this request (original or reproduction) is present, having information relating to or concerning me, to furnish such information to duly appointed officers of the Cumberland Metropolitan Police Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms and corporations for all claims, of any nature, as a result of said communication or disclosure. Information to be disclosed:

- Personal Records
- Educational Records
- Past/Present Employment Records
- Military Service Records
- Criminal History Records
- Financial Records
- Medical Records (Physical and Psychological)
- Polygraph/CVSA Records
- Organizational Memberships
- Any Background Material/Information relevant to suitability for employment

These records will be retained on file at the Cumberland Metropolitan Police Department.

Applicant Signature _____ Applicant Date of Birth _____

Applicant Printed Name _____ Date _____

Notary Public

State of Indiana)
) SS:
County of _____)

Subscribed and sworn to before me, a notary public, in and for the County of _____ and the State of Indiana this _____ day of _____, 20____.

My Commission Expires:

Notary Public

Printed