

Authorization for Release of Personal Information and Criminal History Record Information

I, _____, do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agent(s) of the City of Duluth Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions; including records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, reports, background reports, polygraph exam results, performance appraisal, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me; and the records, 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; and any other document or article of information deemed pertinent for the purposes of assessing 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 as a volunteer for the City of Duluth Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this; and hereby specifically release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize the Duluth Police Department to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice agency, to include Georgia and National Crime Information Center files.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain any original writing of my signature.

Applicant's Printed Name: _____

Other Names I have been known by: _____

Applicant's signature: _____

Race: _____ Sex: _____ Date of Birth: _____ SSN: _____

Address: _____

Today's Date: _____