Authorization For Release Of Personal Information

I, _____, authorize the release, review, and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Town of McCordsville, Indiana's Government, the McCordsville Police Department, or their duly authorized representative, whether the records are of a public, private or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any educational institution, utility company, financial or credit institution, commercial or retail credit agencies, medical reports, psychological reports, psychiatric reports, employment/pre-employment records, personnel files, background investigations, complaints or grievances, internal investigation reports, disciplinary reports, criminal or traffic records, civil complaints/lawsuits.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purposes of conducting a background investigation that may provide pertinent information for the Town of McCordsville, Indiana Government, the McCordsville Police Department, or their duly authorized representative to consider in determining my suitability for employment.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person to whom this request is presented, as well as his or her agents and employees, from and against all claims, damages, losses and expenses, to include reasonable attorney's fees, arising out of or by reason of complying with this request.

This release form and any photocopy of this release form, even though the said photocopy does not contain an original writing of my signature, will be valid and should be honored for a period of one (1) year from the date of my signature.

_____ _____

Signature *Printed Name*

_____ _____ _____

Date Of Birth *Date Signed* *Social Security Number*

_____

Current Address {City, State, and Zip Code}

Notary Public: County of _____

I acknowledge the foregoing instrument this _____ day of _____, 20_____ by:

_____ who is personally known to me or who has produced

_____ as identification and who did take an oath.

{Seal}

_____ _____

My Commission Expires Signature