

**AUTHORIZATION FOR RELEASE OF INFORMATION  
FOR APPLICANT BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, have made application for employment with the Town of Jamestown, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application for employment. I understand that any history which adversely reflects on my qualifications for employment may be cause for disqualification from further consideration for employment.

I hereby give the Jamestown Police Department and its agents the authority to conduct a comprehensive investigation of my background including, but not limited to, medical records, psychiatric records, alcohol and/or substance abuse treatment records, oral interviews with any person concerning my background and a review with full disclosure of all juvenile and adult records and other information, whether such records and other information are public, private, privileged, or confidential. This review includes records maintained by past and present employers, law enforcement agencies, public utility companies, health care providers, and other local, state, and federal agencies. This *Authorization for Release of Information* form is solely for the purpose of conducting an applicant background investigation for the current recruit selection process of the Jamestown Police Department.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of the *Authorization for Release of Information* form. I consider a copy of the *Authorization for Release of Information* form to be as valid as the original, even though a copy does not have my original signature.

I hereby release to the Jamestown Police Department and its agents and anyone who gives written or oral information about me to the Jamestown Police Department from any claims of liability or damages which may occur as a result of the background investigation. This release also extends to my heirs, associations, assigns and representatives.

\_\_\_\_\_  
Candidate Signature

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

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date