

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to \_\_\_\_\_, a duly authorized agent of the Salisbury Police Department, whether the said records are of public or private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of education institutions, financial or credit institutions, including records of deposits, withdraws and balances or checking and savings accounts, and loans, and also the records of commercial or retail credit (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the US Veteran's Administration; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me and salary records; real and personal property records and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records' records of complaints of civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Salisbury Police Department to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically herein.

I understand that any information obtained by personal history background investigations which is developed directly, or indirectly in whole or in part upon this release authorization will be considered in determining my suitability for employment by the Salisbury Police Department. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

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

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

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

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





**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS  
(UPON CONDITIONAL OFFER OF EMPLOYMENT)**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all medical records or any part thereof, concerning myself, by and to \_\_\_\_\_, a duly authorized agent of the Salisbury Police Department, whether the said records are of a public, private or confidential nature.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Date: \_\_\_\_\_

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





**WAIVER OF LIABILITY**

In consideration of being permitted to take the physical test for Police Officer/Service Officer, I agree that I shall not hold the City of Salisbury or any of its employees or agents responsible for any injury or damage that I may receive or cause to myself during or as a result of this physical agility test.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

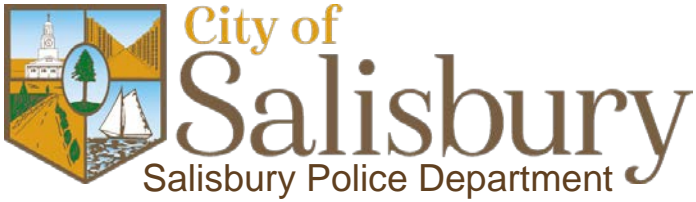
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Witness Signature





I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation or falsification or if any material/information has been omitted.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

Subscribed and Sworn To Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

