

**ROCKLEDGE BOROUGH POLICE DEPARTMENT
AUTHORIZATION TO OBTAIN INFORMATION**

I, _____, hereby authorize the release to the **ROCKLEDGE BOROUGH POLICE DEPARTMENT**, or its representative, any and all personnel and/or personal information about me, which is maintained by your institution/agency/company. This release pertains to any and all records maintained in your files with regard to: Employment History and/or Application, Education, Banking, Finances and Financial Matters, Insurance Claims, Criminal Arrest and/or Conviction both as an adult and juvenile, Traffic Stops, Pedestrian Stops, Calls for Service, Examination and/or Treatment for Diagnostic, Medical, Surgical, Psychological or Psychiatric Reasons, and any other information including character, observations, or opinions. I further give my written consent for the Police Department to procure a copy of my credit report in conjunction with my application for employment. I understand the information contained within the credit report will be used in the employment process.

I further request that such records be provided/forwarded to the **ROCKLEDGE BOROUGH POLICE DEPARTMENT** for inclusion with my application for employment with this agency to ascertain my qualification and fitness for employment with the **ROCKLEDGE BOROUGH POLICE DEPARTMENT**.

I acknowledge, by signing this authorization, that I release all parties concerned from any and all obligation or liability in the disclosure of the contents of such files and the observations or opinions contained therein.

I further understand that in consideration for said release, the **ROCKLEDGE BOROUGH POLICE DEPARTMENT** will regard all information so obtained as confidential and shall not release the same to any other person without my express, written consent.

I additionally certify that a copy of this Authorization to Obtain Information is as valid as the original signed by me.

I certify that I have read and fully understand the foregoing statements.

Sworn to and subscribed before me

this _____ day of _____

(Notary Public)

(Applicant's Name Printed)

(Signature of Applicant)