



RAINBOW CITY

POLICE DEPARTMENT

Camp Yancey
Chief of Police

RAINBOW CITY POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Rainbow City Police Department, or any other law enforcement agency designated by the Rainbow City Police Department, to investigate my present and past record or character, and to ascertain any and all information which may concern my record and character, whether the same is of record or not. This authorization includes but is not limited to: information, records, statements and opinions pertaining to my employment, pre-employment, military, financial, credit, selective service, arrest, conviction, driving or educational histories, including but not limited to academic achievement, attendance, athletic performance, disciplinary records, background reports, polygraph examination results, computerized voice stress analyzer examinations, efficiency ratings, any and all internal affairs investigations, complaints or grievances filed by or against me, information of a confidential or privileged nature, and the recollections of attorneys-at-law. I further understand that statements will be solicited from past and present employers, acquaintances, spouses, etc., and that I waive any cause(s) of action against such interviewees based on the content of their statements. Additionally, notwithstanding the waiver of any cause(s) of action against interviewees, I understand that I can seek relief from any allegedly false or malicious statements by seeking an administrative appeal. I further authorize the Rainbow City Police Department, or any other law enforcement agency designated by the Rainbow City Police Department, to obtain and examine copies and abstracts of records and documents.

The disclosure of this information will be used to assist the Rainbow City Police Department in determining my suitability for employment. However, if unable to obtain the requested information, the Rainbow City Police Department will not be able to complete a thorough background investigation and may be unable to determine my suitability for employment.

Upon presentation of this release or a copy of it, I hereby direct and authorize you to fully and completely disclose and release such information and release copies and



abstracts to any officer or authorized representative of the Rainbow City Police Department or other law enforcement agency designated by the Rainbow City Police Department to conduct my background investigation.

The authorization, or copy of it, when presented through the U.S. Mail in conjunction with an official request, or in person by an officer or authorized representative of the Rainbow City Police Department or other designated law enforcement agency, is valid for two calendar years (730 days) from the date I indicated below. This release is executed with full knowledge and understanding that the information is for the official use of the Rainbow City Police Department.

I hereby release all persons, organizations, corporations, or entities from any and all charges and liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Date: _____

Printed Name: _____

Signature: _____

Other Names Used: _____

Address: _____

Social Security #: _____

Driver's License State: _____ Driver's License #: _____

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The Social Security number will be used for identification purposes to ensure that proper records are obtained.)