



SHELBYVILLE POLICE DEPARTMENT

105 W. TAYLOR ST. SHELBYVILLE, INDIANA 46176

PHONE 317-392-5106

FAX 317-392-3645

THE SHELBYVILLE POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

I, _____, authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Shelbyville Police Department, 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 consumer credit reports and criminal background reports for employment purposes in accordance with the Fair Credit Reporting Act ("FCRA or the Act").

The term "employment purposes" means the use of a consumer report or investigative consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used for employment purposes.

An investigative consumer report is defined in the FCRA as a consumer report in which information on a consumer's character; general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer.

The employer must provide the applicant or employee with a copy of the report and a written statement of his or her rights under the FCRA before taking any adverse action "in whole or in part" as a result of the credit information obtained. The term "adverse action" means "a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee." The applicant or employee has the right to request additional information with respect to the nature and scope of the credit investigation.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the Shelbyville Police Department to consider in determining my suitability of 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 fees, arising out of or by reason of complying with this request.



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RECORDS OF COMPLAINTS OF A CIVIL NATRURE MADE BY OR AGAINST ME WHERESOEVER LOCATED, INCLUDING THE RECORDS AND RECOLLECTIONS OF ATTORNEYS AT LAW FOR ANOTHER PERSON IN ANY CASE IN WHICH I HAVE EVER BEEN A PARTY OR HAD AN ARREST.

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may appear to be, and the sources of information specifically enumerated about are not intended to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation which may provide pertinent data for the Shelbyville Police Department to consider in determining my suitability for employment by that Department.

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(s) to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

This request form and any photocopy of this release form, even though the said photocopy does not contain an ORGINIAL writing of my signature, will be valid and should be honored.

NOTARY:

My Commission Expires on:

Signature: _____

Address: _____

Date of Signature: _____

**Shelbyville Police Department
105 West Taylor Street
Shelbyville IN, 46176
317-392-5106**