



SHELBYVILLE POLICE DEPARTMENT

105 W. TAYLOR ST. SHELBYVILLE, INDIANA 46176

PHONE 317-392-5106

FAX 317-392-3645

AUTHORIZATION FOR RELEASE OF PERSONAL 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:

1. Educational Institution
2. Utility Company
3. Financial or Credit institution, to include records of any depository or savings or checking accounts
4. Commercial or retail credit agencies, to include credit reports and ratings
5. Medical, psychological and psychiatric reports of consultation, treatment and evaluation at or by any hospital, clinic, private practitioner and the US Veteran's Administration
6. Employment and pre-employment records, to include salary records, background reports, polygraph examination reports and polygraph examination questions, pre-employment and promotional examination results, efficiency ratings, disciplinary actions, complaints or grievances filed by or against me, and internal affairs investigation reports
7. Real and personal property tax statements and records, as well as other financial statements or records wherever filed
8. Records of complaints, arrests, trials and convictions for alleged or actual law violations, including criminal or traffic records
9. Records of civil complaints made by or against me, wherever located, to include the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case in which I have ever been a party or had an interest

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may be or appear to be, and the sources of information specifically enumerated are not to deny access to any records that may not specifically be 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 that may provide pertinent information for the Shelbyville Police Department to consider in determining my suitability for 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,



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damages, losses and expenses, to include reasonable attorney's fees, arising out of or by reason of complying with this request.

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

Notary:

Applicant

Signature

Printed Name

My Commission Expires on:

Signature/Date Signed

Seal: