

# Centerton Police Department

City of Centerton  
Centerton, AR 72719

## AUTHORITY FOR RELEASE OF INFORMATION

			Age	Sex	Date of Birth
Last Name	First Name	Middle Name			
			SSN:		
Place of Birth	County or City	State			

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

The intent of the authorization is to give my consent for full and complete disclosure of the record of educational institutions; financial or credit institutions, including record of deposits, withdrawals and balances or checking and savings accounts, and loans; and also the record of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary record; real and personal property tax statement and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violation of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a 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 cases in which I presently have, or have had to 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 like, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Centerton Police Department to consider in determining my suitability for employment by the 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 identified herein.

I understand that any information obtained by a personal history background investigation 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 Centerton Police Department. I understand that all materials pertaining to this background investigation become the property of the Centerton Police Department will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damage, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of the confidential information cannot be revealed to me.

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

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

Subscribed and sworn before me this \_\_\_\_\_ day of

\_\_\_\_\_ 20 \_\_\_\_\_

My commission expires \_\_\_\_\_ 20 \_\_\_\_\_

Notary : \_\_\_\_\_

Signature:		
Street Address		
City	State	Zip Code