

## AUTHORITY FOR RELEASE OF INFORMATION

Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Today's Date \_\_\_\_\_

This release, or photocopy of same, when presented by an authorized representative of the Yuma Police Department, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statement and information regarding:

- School records including those from colleges, universities and/ or any institution or learning.
- Medical records of any kind from hospitals, clinics, medical offices or from current or previous employers.
- Selective service records, military records, military medical records, 201 file, local police records, and credit records.
- Any employment, account or transactions, current or held previously that I have had with any corporation, bank, brokerage house, building and loan association, automobile agency, store, or any business concern or other individual.

This shall be done with full knowledge and understanding that the Yuma Police Department may use, consider or disclose such information, statements, records within the scope of their official duties and responsibilities.

I hereby release the military and those concerned, their officers, agents, employees, and individuals from any and all liability for damages of whatever kind or nature may at any time result to me on account of compliance or any attempt to comply with this authorization. I also hereby release from any and all liability resulting from the release of any information any school, college or university and/or institution of training and learning, personal or developed references, and custodians of any medical and/or employment records.

This authorization is given in connection with a full background investigation being conducted relative to my application for employment with the Yuma Police Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

**STATEMENT OF ACKNOWLEDGMENT AND CONSENT TO RELEASE INFORMATION**

STATE OF COLORADO

SS.

County of Yuma

I, \_\_\_\_\_ being of first duty sworn upon oath, state as follows:

I am presently an applicant with the Yuma Police Department, Yuma, Colorado. I fully understand that the Yuma Police Department conducts a background investigation of all applicants, who are being considered for a position with the Yuma Police Department. This investigation includes, but is not limited to, an investigation of my past employment performance, education, financial stability, military, police, driving and character traits.

I hereby authorize any person who is contacted by the Yuma Police Department personnel to release any information to the Yuma Police Department pertaining to the background investigation including, but not limited to, records or information relating to my past employment performance, financial stability, education, military service, police history, driving and character traits for use by the Yuma Police Department, in the consideration of my application for employment and for no other purpose.

I also understand that my application (and any and all papers and other exhibits submitted by me or any person, government agency, former employer, private business, or any other individual or group of individuals in support and attached hereto) becomes upon submission to the Yuma Police Department (in petition form employment), the property of the City of Yuma, County of Yuma, State of Colorado, and cannot and will not be returned to me, under any circumstance whatsoever.

I authorize the Yuma Police Department to release any documents or information collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

I further agree to release and hold harmless any person releasing such information to the Yuma Police Department from any and all liabilities or claims that I may have against that person, arising out of the release of such information.

I further agree to release and hold harmless the City of Yuma, its elected officials, officials, officers, agents and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Yuma Police Department for us by the Yuma Police Department in consideration of my application for employment and for such other purposes as may be related to any subsequent employment with the Yuma Police Department.

This authorization for the release of information shall be valid for a one-year period from the date hereof. Any release of claim or liability set forth shall survive the termination of agreement.

I further certify that I personally completed the foregoing personal history questionnaire and that all statement made by me in the completion of this questionnaire are, to the best of my knowledge and recollection, accurate and true and I understand false answer (deceitfully made) or any fraud whatsoever, constitutes a basis for rejection of the application with no further consideration, or if I am hired and fraud and/or deceit is subsequently discovered, such fraud and deceit will become grounds for my immediate dismissal from the Yuma Police Department.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ of \_\_\_\_\_, 2\_\_\_\_\_. Witness my hand official seal.

Notary Public \_\_\_\_\_

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