

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION

Release and Waiver

Timnath Police Department

To Whom It May Concern:

I hereby authorize any representative of the Timnath Police Department having this release, or a copy of it, within one year of its date, to obtain any information in your files pertaining to my employment, personnel records, criminal history records, military records and credit or educational records. This includes, but is not limited to, academic achievement, attendance, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary record. This also includes reference information, whether written or verbal, from any current or past employers and educational institutions.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Timnath Police Department. Consent is granted for Timnath Police Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by Timnath Police Department.

I hereby release you as custodian of such records, and any educational institution, credit bureau, lending institution, consumer reporting agency, business establishment or public entity including its officers, agents, employees or related personnel both individually and collectively, from any and all liability for damage 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. (Colorado Revised Statute 8-2-114 provides immunity from civil liability for employers disclosing information under the provisions outlined in the statute.)

Should there be any questions as to the validity of this release, contact me as indicated below.

Full Name \_\_\_\_\_

Current Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Applicant Signature

Date

Signed under oath before me on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary signature

My commission expires \_\_\_\_\_, 20 \_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_.