



AUTHORIZATION FOR RELEASE OF INFORMATION

<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>		<i>Sex</i>	<i>Race</i>	<i>Date of Birth</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
<i>Social Security Number</i>		<i>Mich Drivers License Number</i>		<i>Place of Birth</i>		<i>City</i>	<i>County</i>	<i>State</i>	<i>Country</i>		

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Hazel Park Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions and the records 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, training records, complaints and/or grievances filed by/or against me; records of complaint, arrest, trial and/or convictions for alleged or actual violations 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 case in which I presently have, or have had an 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 life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Hazel Park Police Department to consider in determining my suitability for a volunteer position by that 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 a volunteer position by the City of Hazel Park Police Department. I understand that all materials pertaining to this background investigation become the property of the City of Hazel Park Police Department, and 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, damages, 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 confidential information cannot be revealed to me.

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

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me this _____ Day of _____, _____ My commission expires _____ NOTARY: _____	<i>Signature</i>
	<i>Street Address</i>
	<i>City/State/Zip</i>