



MOUNT AIRY POLICE DEPARTMENT
205 CENTER STREET STE. 203
MOUNT AIRY, MD 21771
TELEPHONE: 301-703-1375 FAX: 301-703-1345

AUTHORIZATION FOR RELEASE OF INFORMATION AND STATEMENT OF CONSENT

I, _____ hereby authorize a review by and full disclosure to the
Printed Applicant Name

Mount Airy Police Department and/or Investigator Chuck Jacobs, a duly authorized agent

Completed By Investigator

of the Mount Airy Police Department of all records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be of a privileged 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, including records of deposits, withdrawals and balances of checking, savings and loan accounts, and also the record of commercial or retail mercantile establishments and retail credit agencies (including credit reports and/or ratings), medical or psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veteran's Administration, Social Security Administration and military medical and psychiatric facilities, public utility companies, employment and pre-employment records, including background investigation reports, medical reports, and results of polygraph examinations, efficiency ratings, complaints, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records, and further to include all such records whether (or not) so-called "adult".

I fully consent to any medical, physical, psychiatric, psychological, or other testing, including urine and/or blood for controlled dangerous substances, to determine my physical suitability to be employed by the Mount Airy Police Department, prior to beginning employment and also during the entire course of my employment at the Mount Airy Police Department.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to those records, which will permit the development of a background and history of my personal and professional life. It is my specific intent to provide access to information, however personal, privileged or confidential it may appear to be, and the sources of information specifically enumerated about are not intended to deny or prevent access to any other records not particularly 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 will be considered in determining my suitability for employment, as stated above and shall become property of the Mount Airy Police Department. However, any medical information obtained before a conditional offer of employment is made will not be considered unless a conditional offer of employment is extended. All medical information received will be kept in a separate file and will not be reviewed or used in determining whether a conditional offer of employment will be made.

I agree to identify and hold harmless the person to whom this request is presented and his employer, agents, and employees, from and against all claims, damages, losses or expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

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.

Applicant Name

Applicant Signature

Date

Social Security Number

Date of Birth

Witness Signature