HAGERSTOWN POLICE DEPARTMENT CITIZENS POLICE ACADEMY PROGRAM AUTHORIZATION FOR RELEASE OF INFORMATION

NOTE: This is a standard release of information. The background for this program predominately involves a Criminal History Check, a Check for Warrants, and a Motor Vehicle License Status. Should any of the listed checks provide information which may affect the individuals' placement in this program, then this release authorizes the HPD employee to further investigate the applicant.

I, PRINT- Last Name,	First	Middle	
PRINT- Street Address	City	State	Zip
PRINT- Social Security Number	Race	Gender	Date of Birth

do hereby authorize a review and full disclosure of all records, or any part hereof, concerning myself by/to any duly authorized agent of the Hagerstown Police Department, whether said records are public or private, and including those which may be deemed to be of a privileged or confidential nature, The intention of this authorization is to provide information which will be utilized for investigative resource material.

I authorize full and complete disclosure of the records of educational institutions; financial or credit institutions and the records of commercial or retail mercantile establishments and retail credit agencies; medical psychiatric consultation and or treatment, including those of hospitals, clinics, private practitioners and the U.S. Veteran's Administration, and all military and pre-employment records, including background investigation ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including but not limited to, the records and recollections of attorneys at law , or of which counsel represent or have represented myself or another person in any case which I presently have or have had an interest.

I hereby release my former and prospective employers, their employees, agents, officers, directors, and affiliates from any and all liability for damages of what ever kind, which may at anytime result to me, my family or associates, because of their compliance with this authorization. I understand and agree that any information released by any source, including the identity of the source, shall remain confidential and will not be released to me regardless of whether or not I am able to complete the Citizens Police Academy program of the Hagerstown Police Department.

This release is executed with full knowledge and understanding that the information to be provided is for the sole purpose of gaining a placement opportunity and shall remain in effect until such time as I provide a written notice to the Hagerstown Police Department withdrawing this release.

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

Applicant Signature

Witness Signature (Employee of HPD),

Printed Name

Date

Citizens Police Academy Release of Information

Date