

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize full disclosure and review of all public, private, of confidential records, or any part thereof, concerning myself, by a duly authorized agent of the Lexington Police Department.

The intent of this authorization is to give my consent for full and complete disclosure of the records of

- education al institutions;
- financial or credit institutions;
- commercial or retail credit agencies (including credit report s and /or ratings);
- medical and psychiatric treatment and /or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration;
- public utility companies;
- employment and pre-employment records , including background reports and polygraph examination reports , efficiency ratings, complaints or grievances filed by or against me, and salary records;
- real and personal property records, and other financial statements and records wherever filed;
- records of complaint, arrest, trial and /o r convictions for alleged or actual violations of law, including criminal and /or traffic records ;
- And records of complaints of a civil nature made by or against me, whosesoever 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 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 employment by the Lexington Police Department.

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 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 hereby, even though the said photocopy does not contain an original writing of my signature.

Given under my hand this _____ day of _____, 20____ .

(SSN#) _____ Applicant Signature _____

City of _____ ; State of _____ ; to – wit:

Subscribed and sworn before me this _____ day of _____, 20____ .

My commission expires: _____ Notary Public _____