

AUTHORITY FOR RELEASE OF INFORMATION

(Last Name)	(First Name)	(Middle Name)	
(Sex)	(Race)	(Date of Birth) Month Day Year	Social Security Number
Place of Birth	County or City	State	Country
Driver's License Number	State	Date of Issue	

This release when signed by me and presented by a representative of the City of Fairfield Police Department is my consent and authorization to allow the examination and release of copies of any and all written electronic records, statements, or information regarding me. Such records, statements, or information includes but is not limited to Employment; Medical; Mental Health; Psychological; Selective Service; Police and Criminal; Military Service; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of the separation document and medical records to the National Personnel Records and Military Personnel Records Centers.

My intent in giving this release is to provide the City of Fairfield, Iowa, full and free access to the above-listed information.

I understand that any information obtained, directly or indirectly, from this release will be considered in determining my suitability for employment with the city. I further understand that all records, information, and statements that are released or obtained by the City of Fairfield become the property of the city and that such information will not be returned to me.

I agree to indemnify and hold harmless the person to who this release is presented and his or her employees, agents or representatives, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of the release of information pursuant to this release. I further understand that upon conclusion of the investigation for which these records have been requested, the sources of confidential information shall not be released to me and shall remain confidential.

A photocopy of this release form containing my signature shall have the same force and effect as if an original.

(Signature) (Date)

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

My commission expires _____, 20____.

Notary Public

This release shall expire one year from the date of my signature unless I earlier revoke this release in writing.