AUTHORITY FOR RELEASE OF INFORMATION
PHASE #1

LAST NAME	FIRST NAME	MIDDLE NAME	SEX	RACE	DATE OF BIRTH
					/ /

PLACE OF BIRTH

COUNTY OR CITY	STATE	COUNTRY	SSN

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY dully-authorized agent of the City of Caldwell, and or Caldwell Police Department, whether the said records are of public, private of 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 and savings accounts, and loans, and also 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, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; 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, whosoever located, and to include the records and re collection 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 and 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 Caldwell, and or Caldwell Police Department to consider in determining my suitability for employment 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 employment by the City of Caldwell, and or Caldwell Police Department. I understand that all materials pertaining to this background investigation become the property of the City of Caldwell, and or Caldwell Police Department, and will not be returned 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:

_____ _____
Signature Date

_____ _____ _____ _____
Street Address City State Zip Code

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

WITNESS MY SEAL.

_____
Notary Public for Idaho
Residing at _____
Commission Expires: _____