

Parkston Police Department
Authorization for Release of Personal Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Parkston/ Parkston Police Department, whether said records are of Public, Private or confidential nature.

The intent of the authorization is to give my consent for full and complete disclosure of the records of educational Institutions; financial and credit institutions, including records of loans, the records of commercial and retail credit agencies (including credit reports and/or ratings); employment and pre-employment records including background reports, efficiency ratings, complaints, or grievances filed by or against me and the records and recollections of attorneys of law, or of other counsel, whether representing me or another person in any case, either criminal or civil, 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 part, upon this release authorization will be considered in determining my suitability for employment by the City of Parkston/ Parkston Police Department. I also certify that any person(s) who my furnish such information concerning me shall not be held accountable giving this information, and I do release said person(s) from any liability which may be incurred as a result of furnishing such information.

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

Signature (include maiden name)

Witness

Date