GREENFIELD POLICE DEPARTMENT

AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have submitted an application for employment/appointment with the Greenfield Police Department.

I hereby authorize and request all persons to whom this request (original or reproduction) is present, having information relating to or concerning me, to furnish such information to duly appointed officers of the Greenfield Police Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms and corporations for all claims, of any nature, as a result of said communication or disclosure.

Information to be disclosed:

* Personal History
* Educational Records
* Employment Records (past/present, experience, disciplinary, performance, attendance, etc.)
* Military Service Records
* Financial Records
* Criminal History Records
* Organizational Memberships
* Medical Records (physical and psychological)
* Background Information
* Polygraph/CVSA Information
* Other information pertaining to suitability for employment/appointment with the department.

These records will be retained on file in the City of Greenfield Clerk/Treasurers office.

Signature of Applicant

/ /

Social Security Number

/ /

Date of Birth

/ /

Date

City of Greenfield Representative