

***PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW, IN THE PRESENCE OF A NOTARY, INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED***

**TO WHOM IT MAY CONCERN:** I am an applicant for a position with the Longmeadow Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Department.

I hereby authorize any representative of the Longmeadow Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Longmeadow Police Department whether said records are of public, private, or confidential nature excluding records relating to, or discussing any medical, mental or physical condition, illness or injury. The intent of this authorization is to give my consent for full and complete disclosure. I re-iterate 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 purposes of pursuing a background investigation that may provide pertinent data for the Longmeadow Police Department to consider in determining my suitability for employment in that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be excluding records relating to, or discussing and medical, mental or physical condition, illness or injury.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, education records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed against me, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or Federal Laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Longmeadow Police Department regardless of any agreement I have made to you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Longmeadow Police Department's acceptance and processing of my application for employment, I agree to release the Town of Longmeadow, its agents and employees from any and all claims arising out of the Town's use of this form and the Town's investigation into my employment background and personal history. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a the Privacy Act of 1974, with regard to access and disclosure of records. The Privacy Acts generally prohibits federal governmental agencies from disclosing information in its possession concerning an individual. Such information could include a person's education, financial transactions, or criminal or employment history. I waive those rights to prohibit federal agencies from releasing such information with the understanding that information furnished will be used by the Police Department in conjunction with employment procedures.

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

This waiver authorizing you to release my personal history and employment background information to the Town of Longmeadow is valid for a period of 90 days from the date of my signature.

Should there be any question as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

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's fees arising out of or by reason of complying with this request.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Sworn and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_