

BRTC Law Enforcement Training Academy
RELEASE OF INFORMATION AGREEMENT

Having submitted application to attend LETA, I hereby authorize any representative of LETA 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, whether such records are of public, private, or confidential nature. The intent of this authorization is to give my consent for FULL and COMPLETE disclosure. I 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 that may provide pertinent data for LETA to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

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, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or 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, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I direct you to release such information regardless of any agreement I may have made with you previously to the contrary.

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 both individually and collectively, from any and all liability and damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Consent is hereby granted to LETA to furnish the information described herein to third parties in the fulfilling of its official responsibilities. For and in consideration for the processing of my application for employment, I agree to hold LETA, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to allow to attend the Basic Police Training Course.

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

This wavier is valid for a period of ____ days from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I understand that I have a right to receive a copy of this authorization and acknowledge that I have received a copy.

Signature: _____ Address: _____ Phone: _____

Date of Birth: _____ Social Security Number: _____ Date: _____

Email Address _____ Telephone Number _____