

AUTHORIZATION FOR RELEASE OF INFORMATION

I am an applicant for a position with the _____ Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the _____ Department.

I hereby authorize any representative of the _____ 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 _____ Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

I further consent to your release, including photocopies, 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, my educational records, my financial status, my criminal history record, including any arrest records and any information contained in investigatory files, efficiency ratings, complaints or grievances filed against me. I further request release of attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files, which are deemed to be confidential and/or sealed.

I understand my rights under Title 5 USC § 552a, the Privacy Act of 1974, with regard to access and disclosure of records, along with 51 OS § 24A.8, with regard to Open Records Act, and I waive those rights with the understanding that information furnished will be used by the _____ Department in conjunction with employment procedures.

I hereby authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military record (if applicable) to release to the _____ Department information or photocopies from my military personnel records. This could include photocopies of my DD214 Report of Separation, etc.

A photocopy of this release form will be valid as an original thereof, although the said photocopy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address or phone number listed on this form.

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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.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

Applicant's Signature _____ Date _____

Printed Name _____ Date of Birth _____

Address _____

City, State, Zip _____

Telephone (_____) _____ Social Security Number _____

State of Oklahoma)

County of _____)

The above, _____, appeared before me and voluntarily executed his/her signature.

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public

Commission #

My Commission Expires