



To Protect and Serve



AUTHORIZATION FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	Date of Birth
Place of Birth	City	Parish/County	State	Country	

This release constitutes my consent and authority for a duly authorized representative of the Lafayette Police Department, Recruiting Unit to obtain statements and information regarding my background and to acquire copies and abstracts of my records.

Specifically, I authorize the release to the Lafayette Police Department, Recruiting Unit the following data or records: Employment; Educational; Medical; Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations or any variation; and the UNDELETED copy of the separation document and medical records from the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for employment with the Lafayette Police Department. 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 an investigation.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment with the Lafayette Police Department. I understand that all materials pertaining to this background investigation becomes property of the Lafayette Police Department and will not be returned.

I agree to indemnify and hold harmless the person whom this request is presented and his/her agent(s) and/or employee(s) for and against all claims, damages, loses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

It is further understood that a photocopy of this release form will be considered legally binding and with full authority.

Signature: _____

Address: _____ City, State, Zip Code: _____