

GENERAL WAIVER AND AUTHORIZATION FOR
RELEASE OF INFORMATION AGREEMENT

To whom it may concern: I, _____, am an applicant with the Borough of Macungie Police Department, located in the Borough of Macungie, Lehigh County, PA. 18062. The Police Department needs to thoroughly investigate my employment and personal history to evaluate my qualifications to hold the position for which I have applied. All relevant information concerning my personal and employment history, moral character, professional reputation and fitness for the position of Police Officer shall be disclosed to the above Department. I agree to give any further information which may be required. I understand that I will not receive and am not entitled to a copy of the investigation or to know its contents and I further understand that the contents are privileged.

This release, when presented by a duly authorized representative of the Macungie Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Macungie Police Department: Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Borough of Macungie 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, which may provide pertinent data for the Macungie Police Department, to consider my suitability for employment.

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/eligibility for employment by the Borough of Macungie Police Department. I understand that all materials pertaining to this background investigation become the property of the Macungie Police Department and will not be returned to me.

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, your organization, 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, family, or associates because of compliance with this authorization and request to release such information upon request of a representative of the Borough of Macungie Police Department regardless of any agreement I have made with you previously to the contrary.

For and in consideration of the Borough of Macungie Police Department accepting and processing my application for employment, I agree to hold your organization, its agents and employees, the Macungie Police Department, the Borough of Macungie and 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 employ me with the Borough of Macungie Police Department. 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 to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Borough of Macungie Police Department in conjunction with employment procedures.

I agree to indemnify and hold harmless the person or organization to whom this request is presented to and their 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 understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a Police Officer and I am currently serving in the capacity of a Police Officer in any jurisdiction, the investigating agency has my permission to disclose the information to the Police agency I am currently serving.

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

This waiver is valid for three (3) years from the date of my signature.

Signature _____ Printed Name _____

Date _____

Witness _____