**AUTHORIZATION AND CONSENT FOR RELEASE OF PERSONAL INFORMATION**

As part of a normal procedure for processing academy applications, The Allentown Police Department conducts background checks on potential academy cadets. In order to continue the application process, a signed authorization and consent for release of personal information form is required.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize The Allentown Police Department, and/or its agents to fully investigate my background, which I understand may include information regarding my references, character, past employment, education, driving record, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during my attendance at The Allentown Police Academy.

I hereby authorize and request any prior or present employer, law enforcement agency, educational institution or other individuals or entities having personal data about me to furnish The Allentown Police Department or any of The Allentown Police Department’s agents, with any and all records, files and other information (including police records and juvenile records) in their possession with respect to me, in connection with my application for attendance at the Allentown Police Academy.

Further, I hereby release from any and all liability and hold harmless all persons, institutions, or corporations supplying this information to The Allentown Police Department, and release from any and all liability and hold harmless The Allentown Police Department and its agents, from receiving and using such information.

I understand and acknowledge that this Authorization is **not an express or implied contract of employment** nor shall it be interpreted as such.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge. I also knowledge that a facsimile (FAX) or photographic copy of this Release Agreement is as effective as the original:

This Release Authorization is valid for one (1) year from the date set forth below.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other last names used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_