



UTAH DEPARTMENT OF PUBLIC SAFETY

Utah Peace Officer Standards and Training

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

TO WHOM IT MAY CONCERN: I am an applicant for certification with the Utah Department of Public Safety Peace Officer Standards and Training (POST), hereinafter referred to as POST. POST needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to POST.. I hereby authorize and direct you to release any and all information in your files pertaining to my employment records to POST. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself , to POST. or any duly authorized agent of POST. whether said records are of public , private, confidential, or however classified. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and 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 POST to consider in determining my suitability for certification with POST. 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, medical/psychological evaluations, any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed and any and all other records pertaining to me, regardless of their nature. Any inquiry into records concerning medical treatment and/or psychiatric consultations which I may have had is to determine character traits which may be relevant for certification purposes and will only be requested after a conditional offer of employment has been extended. I hereby release you, your organization, and all others from liability or damage 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, including 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 information, or any attempt to comply with it. I direct you to release such information upon request of POST regardless of any agreement I may have made .with you previously to the contrary. The representative of organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested. For and in consideration of POST's acceptance and processing of my application for certification, I agree to hold POST, 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 certify me with the POST I understand that, should information of a serious criminal nature surface as a result of this investigation, such information will 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 POST in conjunction with certification procedures. 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 Authorization and Release Of Personal Information form, hereinafter referred to as Request, is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this Request, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this Request and can be billed for such charges at the address listed on this form. 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.

Printed Name

Applicant's Signature

Date

NOTARY:

Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary Signature: _____ NOTARY STAMP:

My Commission Expires: _____