

Release of Information Waiver Instructions

Applicant,

Complete the Release of Information Waiver found on the next page by carefully following these instructions:

Read the Release Carefully

Complete the Release in the Presence of a Notary Public

Print clearly in **black ink**

Complete the upper portion of the Release by filling in your name, social security number, and date of birth in the appropriate spaces.

Complete the box in the lower right corner in front of the Notary by signing your name in your original signature and by printing your address and phone number

Have the Notary Public notarize the Release

Over 18 years old

Applicant, you will need to bring your license or state ID card with you in order to get this notarized.

If you do not have one you will need photo ID and your birth certificate

Under 18 years old

Applicant, in addition to the above items for yourself you will need to bring a parent or legal guardian with you and they will need a license or state ID with them as well.

This document can be notarized free of charge at the Grand Rapids Police Department Records Unit at 1 Monroe Center St NW GR MI 49503 between 8am-4pm Monday through Friday. You can also get documents notarized with other notaries if more convenient.

**GRAND RAPIDS POLICE DEPARTMENT
1 MONROE CENTER, N.W. GRAND RAPIDS, MI 49503**

AUTHORITY FOR RELEASE OF INFORMATION

Name:

Last First Middle SSN#: _____
Social Security Number

Maiden or other name known by:

Last First Middle

I, _____, born _____, do hereby authorize review and/or full disclosure of all records, or any part thereof: concerning myself by and to any duly authorized agent of the Grand Rapids Police Department whether said records are public, private, or confidential in nature. By checking the boxes below and signing this form, I verify that I have read this form, that I understand each of the paragraphs set forth below, and that I have agreed to the terms of this release freely and voluntarily.

INITIAL EACH BOX

- I understand my rights under 5 U.S.C. 552a, the Privacy Act of 1974, with regard to access to and disclosure of records, and I hereby waive those rights with the understanding that the information furnished by any person or agency subject to the Act will be used by the Grand Rapids Police Department solely in conjunction with employment procedures.
- The intent of this authorization is to give my consent for the full and complete disclosure of the release of records of investigation, complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records; as well as records of civil complaints made by or against me, wherever located.
- 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 a pre-employment background investigation that may provide information for the Grand Rapids Police Department to consider in determining my suitability for employment at the Department. It is my specific intent to provide access to any information about me, however personal and confidential it may appear to be, from the sources of information specifically identified herein as well as from sources of information identified by me on my background questionnaire.
- I understand that any information obtained by personal history background investigation that is developed directly or indirectly, in whole or in part, on the basis of this release authorization will be considered in determining my suitability for employment at the Grand Rapids Police Department. I understand that all materials and information pertaining to this background investigation become the property of the Grand Rapids Police Department and will not be returned or disclosed to me. The information you release is for official use by the Grand Rapids Police Department; however, I understand that they may at their discretion re-disclose the information to a third party if said party presents a release authorized by me as provided by law.
- I agree to hold harmless any person and/or entity that is presented with this release, as well as their agents and employees, and waive any and all claims, damages, losses and expenses, including reasonable attorney's fees, that I may have which arise out of or by reason of complying with this request for information. This authorization shall continue in effect until revoked by me in writing. You may contact me at the address listed on this form if you question the validity of this release. I agree to pay any and all charges and fees concerning this request and can be billed for such charges at the address listed. I further understand that in the event my application is approved or disapproved, all information including confidential sources shall not be revealed to me.

A photocopy of this release is valid as an original, even though said photocopy does not contain an original writing of my signature.

THIS MUST BE COMPLETED IN THE PRESENCE OF A NOTARY

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| <p>Subscribed and Sworn to before me this</p> <p>_____ day of _____, 20_____.</p> <p>Notary:</p> <p>_____</p> <p>My Commission Expires: _____</p> | <p>Applicants Signature: _____</p> <p>Current Address: _____</p> <p>Telephone Number: _____</p> |
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