

**RELEASE OF INFORMATION**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(for the purpose of conducting a background check only)

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I have made application for employment with the Gooding Police Department as a sworn police officer or other non-sworn employee.

I do hereby authorize a review and full disclosure of all records or files, or any part thereof, concerning myself that may be related to my application for employment to the Gooding Police Department, its employees or agents bearing or furnishing this release, within six months of its date, whether the said records are public or private, and including those which may be deemed to be of privileged or confidential nature.

I authorize the full and complete disclosure of the records and files of educational institutions, financial or credit agencies; medical and psychiatric consultation and/or treatment, including hospitals, clinics, private practitioners, the U.S. Veterans Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of civil nature made by or against me, and including, but not limited to, the records and recollections of attorneys at law, or other counsel representing or having represented me; and any records of any type whatsoever which concern any arrests or criminal charges involving me.

I further authorize the release of information to the Gooding Police Department concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to become trained and employed as a law enforcement officer or support employee, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

This release is executed with full knowledge and understanding that the information is for the official use of Gooding Police Department, and I further understand that such information can be released to any law enforcement agency where I might later wish to make application for employment.

I release from liability and hold harmless the Gooding Police Department, the City of Gooding, and the State of Idaho, for all actions taken as a result of the information they receive.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public in and for said State, personally appeared \_\_\_\_\_ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_  
Residing in \_\_\_\_\_  
My Commission Expires \_\_\_\_\_, 20\_\_\_\_

(Official Seal)