

**AUTHORIZATION TO RELEASE INFORMATION**

I have applied for a law enforcement position with the Shoshoni Police Department.

I hereby authorize the Shoshoni Police Department, or any other law enforcement agency designated by the Shoshoni Police Department, to investigate my present or past record of character and to ascertain any and all information which may concern my record and character, whether the same is of record or not. This authorization includes, but is not limited to information, records, statements, opinions pertaining to my employment, pre-employment, military service, financial history, social media accounts, selective service, conviction, driving, or education histories, including, but not limited to academic achievement, attendance, disciplinary records, background reports, polygraph results, efficiency ratings, any and all internal affairs investigations, complaints or grievances filed by or against me, records of complaints of a civil nature made by or against me, information of a confidential or privileged nature, and the recollection of attorneys-at-law or other counsel representing or having represented me. I further understand that statements will be solicited from past and present employers, acquaintances, spouses, relatives, etc., and I waive any cause(s) of action against such interviews based on the content of their statements. Additionally, notwithstanding the waiver of any cause(s) of action against such interviewees, I understand I can seek relief from any alleged false or malicious statements by seeking an administrative appeal through the State Personnel Board. I further authorize the Shoshoni Police Department to examine and obtain copies and abstracts of records and documents.

This disclosure of this information will be used to assist the Shoshoni Police Department in determining my suitability for employment as a Police Officer. If unable to obtain the requested information, the Shoshoni Police Department will not be able to complete a thorough background investigation and may be unable to determine my suitability for employment.

This authorization or a copy of it, when presented by any means, in conjunction with an official request or in person by a representative of the Shoshoni Police Department, is valid for one calendar (365 days) from the date indicated below. This release is executed with full knowledge and understanding the information is for the official use of the Shoshoni Police Department.

I hereby release all persons, organizations, corporations, or entities from any and all charges and 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.

**TO PERSONS RECEIVING THIS AUTHORIZATION**

Upon presentation of this release or a copy of it, I hereby direct and authorize you to fully and completely disclose and release such information and to release copies and abstracts to any officer or authorized representative of the Shoshoni Police Department or other law enforcement agency designated by them to conduct my background investigation.

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ SS #: \_\_\_\_\_ Telephone No: \_\_\_\_\_

State of Wyoming  
County of \_\_\_\_\_

Subscribed and sworn before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Notary