

LAINGSBURG POLICE DEPARTMENT
114 N WOODHULL P.O. BOX 357
LAINGSBURG MI 48848

WAIVER OF CONFIDENTIAL RECORDS

Permission is hereby given any agency of the government of the United States, any municipal corporation or political subdivision of this state or any other state or agency or department therefore, and any other agency, person, firm or corporation holding records considered confidential concerning me, to furnish the City of Laingsburg all information desired involving me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the City of Laingsburg.

Such records, I understand, may include reasons for termination of employment, reason for discharge from military service, criminal history, driving record investigation, on the job performance, educational records, credit history or any other information which may not otherwise be obtained without any prior agreement.

I further understand that the information which may be obtained about me will be obtained upon assurance of confidentiality by the City of Laingsburg to the person or persons supplying the information. I understand that this information will become privileged to the City of Laingsburg and will become part of the confidential records of the City of Laingsburg to which I will not have access.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her 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.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. (This authorization shall continue in effect until revoked by me in writing).

Signature _____ SS# _____

Print Name _____ DL# _____

Date _____

If Veteran, give grade held, service number and branch of service. Other applicants with Federal agencies give position and name of agency

Are your employment and /or educations records listed under any other name? Yes ____ NO ____

If yes, please list names and explanation

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A WITNESS

Printed name of Witness _____ Signature of Witness _____ Date _____