

**CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY**

To Whom It May Concern:

I am an applicant for a position with the Swinomish Police Department. The Swinomish Police needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. I have authorized the Swinomish Police to gather all available information regarding my employment background and personal history, including medical and other information, which may be of a confidential or privileged nature.

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 educational record, my military service record, my criminal history record, including any arrest records and any information contained in investigatory files. I request your cooperation in supplying this information to the Swinomish Police Department in response to a request from that department.

I hereby agree to release you and those who supplied you with information of any kind your company or organization and the Swinomish Tribal Community, its employees, elected officials and the Swinomish Police Department from any liability for any damage which may result from furnishing the requested information.

To Any Federal Employer, Agency and Department, and the Military:

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to the access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Swinomish Police Department in conjunction with employment procedures.

\_\_\_\_\_  
Applicant's Signature Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of \_\_\_\_\_, residing in \_\_\_\_\_.

Commission Expires: \_\_\_\_\_

**Note:** A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.