

CITY OF LOWELL POLICE DEPARTMENT



do hereby authorize a review of and full disclosure of all records concerning myself to any authorized agent of the Lowell Police Department, whether the said records are public, private, medical, educational or confidential nature including on-line social networking sites.

I understand that this authorization is to give my consent for full and complete disclosure of whatever information is deemed necessary in the course of a background investigation to determine my suitability for a position with the Lowell Police. I further understand that the background investigation will be conducted in accordance with the guidelines as prescribed by the North Carolina Criminal Justice Training and Standards Council.

Further, I fully understand that, pursuant to the provisions of the Privacy Act of 1974, I am not required to give my consent or sign this waiver and release form, however in consideration of and as an inducement for the persons or organizations to release to the Lowell Police Department the requested information. I hereby agree and promise to indemnify and forever save harmless, both parties, it's officers, agent, servants or employees from and against any and all liabilities, claims, demands, damages, expenses, fee, fines, penalties, suits, proceedings, actions, including attorney's fees of any kind and nature arising or growing out of or in anyway connected with the disclosure of the requested information.

In conjunction with my application for employment with the Lowell Police Department, I give consent for a departmental investigator to obtain a copy of my consumer credit report. I also give consent for this consumer credit report to be reviewed and considered, in part or in whole by departmental personnel for the purpose of determining my suitability for employment.

In addition, you will be required to provide truthful responses during the application and hiring process. Providing false or misleading information shall be sufficient cause for rejection or dismissal, now or at any time in the future you are employed with us. I hereby certify I have read and fully understand the above statement and agree to be honest and truthful.

I further agree and stipulate that a copy of this waiver and release shall have the same force and effect as the original thereof.



CITY OF LOWELL POLICE DEPARTMENT



SWORN AND SUBSCRIBED BEFORE ME	
	FULL SIGNATURE
Thisday of, 20	
	ADDRESS
NOTARY PUBLIC	CITY, STATE, & ZIP CODE
	DATE OF BIRTH
MY COMMISION EXPIRES:	
	SOCIAL SECURITY NUMBER