VILLAGE OF MENOMONEE FALLS

AUTHORIZATION FOR RELEASE OF INFORMATION

For official use only, not to be released to unauthorized persons.

Read the authorization for release of information listed below. Your completion of this document allows the Village of Menomonee Falls Police Department to investigate your background and gives your permission for the release of information from the below listed sources. After affixing your signature to the release form you must print your name beneath your signature.

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to provide the Village of Menomonee Falls Police Department and/or any representative thereof any and all information that you may have concerning the following:

1. Employment history, including without limitation all disciplinary records, performance evaluations, sick leave records, and any other matters contained in my personnel file.

2. All medical records in your possession and/or control, including records of physical or mental examination.

3. Scholastic records.

4. Financial records and credit information.

5. Records maintained by any law enforcement agency, including but not limited to records of arrest and/or conviction, juvenile records, or those relating to traffic violations.

6. Residential history including information from past and present landlords and/or mortgage/property management company records.

This information is to be used to assist the Village of Menomonee Falls Police Department, in determining my qualifications and fitness for the position I am seeking with the Village of Menomonee Falls Police Department. Please provide the Village of Menomonee Falls Police Department and/or any representative thereof, any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the Department to make copies of that information if it so desires.

Pursuant to Section 103.13 of the Wisconsin State Statutes, a request is hereby made that you provide access, and, upon request, copies of all relevant records in your possession to the bearer of this waiver.

I hereby release, and hold harmless, on behalf of myself, my heirs, assigns and successors interest forever, both you and/or your employer or organization from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I covenant not to sue you or your employer or organization for any information which is released in response to this request. In making these statements, I understand that information which you give may result in my not being employed.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files.

PRINT NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

DATE: _____ SIGNATURE: _____