



AFFIDAVIT OF AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned Applicant, as attested by my signature below, and in command of my mental faculties and in full knowledge of any rights I enjoy, do hereby freely and voluntarily authorize the release and to receive statements of any information regarding my background.

I authorize the release of the following data or records to the Atlantic Beach Police Department or its representatives. Employment; Educational; Evaluations; Reasons for Separation; Medical; Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit;; and Medical records of the National Personnel Records and Military Records Center; Certification; Recertification; Decertification; Accreditation; Maintenance of accreditation; Withdrawal of accreditation or any other item of information related to law enforcement training; education or experience, including but not limited to academic achievement, attendance, physical fitness, personal history and disciplinary records.

This authorization is given in connection with a background investigation being conducted relative to my application for employment with the Atlantic Beach Police Department. The intent of this authorization is to provide full and free access to the background of my personal life, for the specific purpose of pursuing an investigation to consider my suitability for employment. I understand that all materials pertaining to this background investigation become the property of the police department and will not be returned to me. In command of mental faculties and in full knowledge of my rights, I do hereby freely and voluntarily release and hold harmless the recipient of this sworn affidavit of authorization to release information from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, or assigns because of its compliance with this Authorization to Release Information or any attempt to comply with it.

Dated: _____

Signed in the Presence of: _____
Signature of applicant's full name _____
Print Name of Witness _____
Social Security Number _____

Signatures attested to and sworn before me a Notary Public, In the State of

My Commission expires _____

_____ Signature, date and Notary Seal