



AUTHORIZATION FOR RELEASE OF PERSONAL RECORDS AND INFORMATION

CONSENT FORM

I, _____ hereby authorize the Dunwoody Police Department to obtain and/or receive any criminal history record and/or driver history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia, any other state or any other country.

I also authorize any police officer or authorized representative of the Dunwoody Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information and/or records concerning myself, whether the said information and/or records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed.

- Information and/or records from any educational institution that I have attended including, but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary actions.
- 2 Information and/or records from my past or present financial records contained in any financial or credit institutions including, but not limited to, records of loans, the records of commercial or retain credit agencies (including credit reports and/or rating), and other financial statements and records wherever filed.
- Information and/or records pertaining to my employment, past and/or present, including, but not limited to, current and past employment records, polygraph reports and charts, background reports, efficiency rating, complaints or grievances filled by or against me, disciplinary records, and personal history. I also authorize release of any information concerning pre-employment records for which I am currently or have been an applicant or candidate; these records/information include, but are not limited to, polygraph reports and charts, background reports, and any other information included in my pre-employment file.
- 4 Information and/or records pertaining to my personal history past and/or present, including, but not limited to, birth records, marriage and/or divorce documents, and name changes wherever filled.
- 5 Information and/or records pertaining to my military history past and/or present, and name changes wherever filled.

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 release is executed with full knowledge and understanding that the information is for the official use of the Dunwoody Police Department. Consent is granting for the Dunwoody Police Department to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities.

I hereby waive and release any claims against any party which I may have as the result of the release of any records or information referenced in the Authorization and acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my social security account number on a voluntary basis with the understanding such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate that location of above information/records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

INT FULL NAME: LUDE MAIDEN NAME OR OTHER PREVIOUSLY USED NAME	
GNATURE:	
REET ADDRESS:	
ΓY, STATE, AND ZIP CODE:	
ATE OF BIRTH:/ RACE: SEX:	
CIAL SECURITY NUMBER:	