



AUTHORIZATION TO RELEASE & WAIVER OF ALL CLAIMS

TO WHOM IT MAY CONCERN: I am an applicant for an employment position with a public safety agency. This agency has contracted with the **National Testing Network** to complete a thorough background investigation on me and seeks to look into my employment and personal history to evaluate my qualifications to hold the position for which I have applied.

I hereby authorize the **National Testing Network**, or any agent there of, bearing this *Authorization to Release & Waiver of All Claims* form, to obtain any information, public or private, as it pertains to my employment history and work performance, to include efficiency ratings, complaints or grievances filed by or against me, attendance records, and any internal affair issues or disciplinary actions against me, to include any files or records which have been deemed confidential and/or sealed. Additionally, any information pertaining to my background and reputation, my military service records, educational records, my financial status, my criminal history record, any contact I may have had with any public safety agency, or any information contained within investigatory files.

I hereby authorize you and provide you my direct consent, and further direct you to release any and all such information as stated above. In consideration of your cooperation and compliance with this *Authorization to Release & Waiver of All Claims* form, I hereby release you, your organization, and all other agents, employees, or parent or subsidiary organization, from any claims, liability or damages that may result from furnishing the information requested, including any claims, liability or damages pursuant to any state or federal laws. I authorize you, and provide you my direct consent, and further direct you to release such information as stated above, regardless of any previous agreement I may have made with you to the contrary.

In consideration for accepting and processing my application for an employment position with a public safety agency I agree to hold both the **National Testing Network** and their agents and employees harmless from any and all claims and liability associated with my application for an employment position, or in any way connected with the decision whether or not to grant me the position I seek. I understand that should information of a serious criminal nature surface as a result of this background check, such information will be turned over to the proper authorities.

I agree to indemnify and hold harmless the **National Testing Network**, its agents and employees, and the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this agreement.

I understand my rights under Title 5, United State Code, Section 552a, the Privacy Act of 1974, as amended, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **National Testing Network** in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be as valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address, phone numbers, or e-mail address listed on the next page.



APPLICANT MUST READ BEFORE SIGNING

By signing below, applicant acknowledges (1) that they have read and fully understand the meaning of the foregoing Authorization to Release & Waiver of All Claims form, (2) that they had a reasonable opportunity to consider its provisions, and (3) that they agree to be bound by its terms as a condition of being considered for a position of employment.

Applicant's Printed Name: _____

Former Names/Aliases: _____

Current Address: _____

City/State/Zip Code: _____

Phone Number: _____

E-mail Address: _____

Applicant's Signature: _____

THIS AUTHORIZATION MUST BE PROPERLY NOTARIZED OR WILL NOT BE VALID

State of _____

County/City of _____

Applicant, whose name is signed above, appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made an oath that the statements in the said instrument are true.

Notary Public, Signature

Date

My commission expires on _____