

**RELEASE TYPE I**

**General Authorization and Release**

To: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit you, to release to, and make available to the Portland Police Department and/or its agents and/or representatives, information classified as private which concerns me and which may be in your possession. The information for which release is authorized includes all data, which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. This includes, but is not limited to, information that would otherwise be considered confidential by rule or law; information acquired or records resulting from polygraph examinations; criminal justice agency records; background reports; school records; my employment history, including complaints and disciplinary actions; professional licensing agency records; abuse and neglect, sex offender and employment-related registries; etc. I understand that the purpose of permitting the Portland Police Department to have access to this information is to determine my suitability for employment with that department. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

I hereby release you, your organization, or others from liability or damage that may result from furnishing the information requested.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing the below written notice to the department and to you for that fact. (A photocopy, facsimile ("fax") or electronic copy of this authorization will be as valid and treated in the same manner as the original.)

Date	Signature
Date	Witness

**NOTICE OF REVOCATION**

I hereby provide **Notice of Revocation** of the above authorization and release as of (date)\_\_\_\_\_.

I understand that the City of Portland Police Department has (10) business days after receipt of my Notice of Revocation to comply.

Signature (Do not sign here except for the purpose of revocation.)	Date
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**RELEASE TYPE II**

General and special authorization to release medical and other information in accordance with the provisions of the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255); the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974. (P.L. 93-282); and Veterans Omnibus Health Care Act of 1976 (P.L. 94-581). All information will be treated as confidential under Federal Regulation (42 CFR, Part 2).

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Medical Facility

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

This is your full and sufficient authorization to release to the Portland Police Department and its representatives or employees, all medical information, ( including but not limited to, that which involves treatment for alcohol or drug abuse, sickle cell anemia, or mental problems) maintained while I was a patient at your facility on any date, with the following exceptions: **NONE**

The information is needed for the purpose of consideration of my suitability for employment as a police officer.

This authorization specifically includes records prepared prior to the date of this authorization and records prepared after the date of this authorization during the pendency of this investigation. **I do not authorize re-release of this information by the third party.** (A photocopy of this authorization will be treated in the same manner as the original.)

I do hereby release the \_\_\_\_\_ from all liability and all claims pertaining to the disclosure of this information. I further acknowledge the information to be released and the implications thereof were fully explained to me. This consent is given of my own free will.

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Date	Signature
Date	Witness