

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned applicant for the position of Police Officer with the Curwensville Borough Police Department, located at 900 Susquehanna Ave, Curwensville, PA 16833, do hereby authorize a comprehensive background investigation into my personal, professional, educational, financial, and criminal history.

I authorize any duly authorized representative of the Curwensville Borough Police Department to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit reporting agencies, financial institutions, or other sources of information. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history records.

I specifically authorize the release of any and all information that may be contained in sealed or expunged records, including juvenile records, arrest records, or other materials which may otherwise be protected from disclosure by law.

I hereby release you, your organization, and all others from liability or damages that may result from providing the information requested, including any liability or damage pursuant to any state or federal laws. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Curwensville Borough Police Department.

This authorization shall remain valid for the duration of the application process. A copy of this release shall be as valid as the original.

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Applicant Signature

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Printed Name

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Date of Birth

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Social Security Number

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Date Signed