



James Hoover
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GENERAL CONSENT FORM

I, _____, HEREBY GIVE MY CONSENT FOR THE RELEASE OF ANY AND ALL INFORMATION, OR COPIES OF ANY INFORMATION OR TREATMENT FORMS, EVALUATIONS BY EMPLOYERS, OR PERTINENT FACT PERTAINING TO MYSELF, TO THE CURWENSVILLE BOROUGH POLICE DEPARTMENT, FOR THE SOLE PURPOSE OF COMPLETING A FULL BACKGROUND INVESTIGATION FOR POSSIBLE EMPLOYMENT.

I UNDERSTAND THAT INFORMATION WILL BE DISCLOSED ONLY FOR THE PURPOSE NOTED ABOVE, AND THAT THE INFORMATION RELEASED WILL BE LIMITED TO THE FOLLOWING AREAS, OR ITEMS

1. ANY MENTAL HEALTH RECORDS
2. ANY MEDICAL TREATMENT OR CONFINEMENT. (IF OFFERED EMPLOYMENT).
3. ANY AND ALL EDUCATIONAL RECORDS OR BACKGROUND.
4. ANY AND ALL CREDIT AND FINANCIAL INFORMATION.
5. ANY AND ALL CRIMINAL JUSTICE AGENCIES
6. ANY AND ALL PAST AND PRESENT EMPLOYERS
7. ANY MOTOR VEHICLE RECORDS
8. ANY MILITARY RECORDS.

I UNDERSTAND THAT I HAVE NO OBLIGATION WHATSOEVER TO DISCLOSE ANY INFORMATION FROM MY RECORDS, AND I UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME BY NOTIFYING THE CHIEF OF POLICE OR O.I.C, IN WRITING; AND/OR SPECIFYING A DATE, TIME, OR CONDITION UPON WHICH MY CONSENT WILL EXPIRE WITHOUT REVOCATION, WHICH I CHOOSE (NOT) TO DO. I HAVE READ THIS FORM AND I UNDERSTAND ITS CONTENTS. I AGREE THIS FORM MAY BE REPRODUCED FOR ADDITIONAL COPIES.

DATE SIGNED

/s/ _____
APPLICANT

WITNESS

(seal)

THIS FORM IS IN COMPLIANCE WITH THE PRIVACY ACT AS ESTABLISHED IN 1974, AND THE ABOVE CONSENT SHALL AUTOMATICALLY EXPIRE UPON COMPLETION OF BACKGROUND INVESTIGATION, OR NOT LATER THAN TWO YEARS FROM THE DATE SIGNED.

NOTE: IF THIS CONSENT FORM IS RETURNED BY MAIL, IT MUST BE NOTARIZED