



City of White Bear Lake

Dan Louismet, Mayor

Police Department

Dale Hager, Chief of Police

Citizen's Academy Release form

To: _____

I, _____, am an applicant for the White Bear Lake Citizen's Academy. A thorough investigation of my and personal history is being conducted to evaluate my qualifications and suitability for the academy.

I hereby authorize any representative of the above described law enforcement agency bearing this release to obtain any information in your files pertaining to my employment and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the above described law enforcement agency, whether said records are of public, private, or confidential in nature.

The intent of this authorization is to give my informed consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access of all information maintained by you for the specific purpose of pursuing a background investigation that may provide pertinent data for the above described law enforcement agency to consider in determining my suitability to have access to the interior, non-public area of the police department during the academy. It is my intent to provide access to all information however personal and confidential it may appear to be.

I consent to your release and photocopying of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, education and training records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances, filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph reports, recording tapes or written reports in your possession, which concern me to the above described law enforcement agency.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release any custodian of such records, including the officers, employees and agents of any custodian, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon the request of a representative of the above described law enforcement agency regardless of any agreement I may have made with you previously to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

I understand my rights under Title 5, United States Code, Section 552A, the privacy act of 1974 and Minnesota Statute 13.05, Subd. 4, the Minnesota Data Practice Act, 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 above described law enforcement agency in conjunction with employment procedures. Should there be any question as to the validity of this release, you may contact me at the address listed on this form.

This authorization and release form complies with and is required to accompany any request for employment information under Minnesota Statute 626.89, which provides private employers with immunity from civil liability for employment information released to a law enforcement agency in the absence of fraud or malice. This authorization shall be valid for a period of one year from the date of my signature, but I reserve the right to cancel this written authorization by providing written notice to the above described law enforcement agency or to you of that fact. I agree to indemnify and hold harmless any person to whom this request is presented and his/her agents and employees, for and against all claims, damages and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Full Name: _____ (Signature) Date: _____

Current Address: _____ State: _____

Phone Number: Day () _____ Evening () _____