



MURRAY J. FARR
CHIEF OF POLICE

ARLINGTON COUNTY POLICE DEPARTMENT
ARLINGTON COUNTY COURTHOUSE
1425 NORTH COURTHOUSE ROAD
ARLINGTON, VA 22201
PHONE (703) 228-4040
E-MAIL: acpdrecruiting@arlingtonva.us



MICHAEL G. DUNNE
DEPUTY CHIEF

CHARLES A. PENN
DEPUTY CHIEF

DANIEL J. MURRAY
DEPUTY CHIEF

Date: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

TO WHOM IT MAY CONCERN: I, _____, am an applicant for a position with the Arlington County, Virginia Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Arlington County Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Arlington County Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Arlington County Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release 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, educational 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 any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examination, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed. I understand that all materials pertaining to this background investigation become property of the Arlington County Police Department and will not be returned to me.

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 damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the Arlington County Police Department, including its officers, employees, or related personnel, 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 request of the duly accredited representative of the Arlington County Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Arlington County Police Department's acceptance and processing of my application for employment, I agree to hold both the Arlington County Police Department and any other assisting agency, their agents and employees, harmless from any and all claims and liability associated with my

application for employment or in any way connected with the decision whether or not to employ me with the Arlington County Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. Nothing in this authorization obligates the requesting department or Arlington County to release any information.

I understand my rights under Title 5, United States 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 Arlington County Police Department in conjunction with employment procedures.

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

This waiver is valid for a period of **one year** from the date of my signature. Should there be any questions as to the validity of this release, you may contact me through the information listed below on this form.

I agree to indemnify and hold harmless Arlington County, 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 request.

Signature: _____ Date: _____

Name: _____ DOB: _____ SS#: _____

Address: _____

Phone#: _____

Notarization:

State of _____ County/City of _____

This date _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the _____ day of _____, 20____.

Notary Public

Police Department Receipt

This form was received by: _____ on _____
Date

This form will expire on: _____