



Dacono Police Department

512 Cherry Street — Post Office Box 117

Dacono, Colorado 80514

Office (303)833-3095 Fax (303)833-0634

www.daconopolice.com

CONSENT WAIVER TO RELEASE INFORMATION

I hereby authorize any Police Officer or other authorized representative of the Dacono Police Department or the City of Dacono bearing this release, or a copy of it, within one year of its date, to obtain any information from you and/or in your files pertaining to my employment; character reference; credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results, psychological examination results, any and all internal affairs investigations and disciplinary records and credit records.

In accordance with the provisions of section 604(b)(2)(A) of the Fair Credit Reporting Act (FCRA)(Title II, Subtitle D, Chapter I, Public Law 104-208) I am aware that a consumer report about me may be ordered and used for employment purposes. (Under provisions of the Act, a driving record is considered a consumer report when used for employment purposes.)

I hereby certify that the information in the employment application is correct. The information included in this employment application is for use by the prospective employer in determining suitability for employment. I understand that the prospective employer may utilize investigative sources that it considers necessary in making this determination, including public record repositories and licensed investigative agencies.

I understand that an investigative consumer report that may contain information as to my character, general reputation, personal characteristics, and mode of living may be made. I understand that I have the right to a copy of the report provided by any consumer reporting agency.

I also hereby authorize any Police Officer or other authorized representative of the Dacono Police Department or the City of Dacono bearing this release, or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s), or both, that pertain to my employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Dacono Police Department or the City of Dacono.

Consent is granted for the Dacono Police Department or the City of Dacono to furnish the information described above to their parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage 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. Should there be any questions as to the validity of this release, you may contact me as indicated below.

FULL NAME: _____ (Print Name) **SIGNATURE:** _____

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____

DATE: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: DAY _____ **NIGHT** _____

SUBSCRIBED AS SWORN TO BEFORE ME THIS _____ **DAY OF** _____, **2008**

PUBLIC NOTARY

MY COMMISSION EXPIRES: _____