



City of Tigard

POLICE DEPARTMENT

Authorization to Release Information and Waiver of Liability

TO WHOM IT MAY CONCERN:

I, _____, am an applicant for the position of _____

PRINT NAME

PRINT POSITION TITLE

with the Tigard Police Department. The Tigard Police Department mandates the completion of a comprehensive background investigation to determine if I possess the requisite qualifications and fitness to serve in this capacity.

I hereby authorize and direct you, your organization, its officers, agents, assigns and employees to release all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Tigard Police Department, whether the said records are of public, private or confidential nature for the purposes of evaluating me for suitability of employment as a _____ with the Tigard Police Department. This includes, but is not limited to:

PRINT POSITION TITLE

employment information, official employment documents, employment performance data, internal investigations, discipline, and including information which may as a result of agreement between the undersigned and your organization, have been sealed; character reference information, background investigations, educational records and transcripts, credit and financial records and local criminal history information pursuant to state law. This authorizes the release of my military service record to the Tigard Police Department, Tigard, Oregon.

I, _____, agree to indemnify and hold harmless the person to whom this request is

PRINT NAME

presented and their agents and employees, from and against all claims arising out of or by reason of complying with this request. A photocopy of this release form will be valid as an original. I have specifically waived any rights I may have to review or inspect any and all of the information developed in this investigation, so your responses will remain completely confidential. I understand that all materials pertaining to this background investigation become the property of the Tigard Police Department and will not be returned to me. You may retain a copy of this form for your files.

Applicant signature: _____

Applicant printed name: _____ **Date:** _____

Subscribed and sworn to before me on the _____ **day of** _____, **20**_____.

Notary Public for State of _____

County of _____

My commission expires: _____

NOTICE TO EMPLOYERS:

Oregon Revised Statute 30.178 states: "An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by a preponderance of the evidence, is immune from civil liability for such disclosure or its consequences. For purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the employer was knowingly false or deliberately misleading, was rendered with malicious purpose or violated any civil right of the former employee protected under ORS Chapter 659 or 659A."