Town of Manlius Police Department

One Arkie Albanese Avenue - Manlius, NY 13104

Phone: 315.682.2212 www.townofmanliuspolice.com police@manliuspolice.org Fax: 315.682.4527

Authorization for Release of Information and Request for Disclosure of Personnel Records and Information

As an applicant for POLICE OFFICER with the Town of Manlius Police Department, I am required to furnish information for use in determining my moral, physical, and mental qualifications. To that end, I PRINT NAME , hereby authorize any representative of the Town of Manlius Police Department to receive any and all information and records pertaining to myself with PRINT COMPANY NAME whether such information and records are of public, private or confidential nature. This authorization permits the release of any and all information and records concerning my history with PRINT COMPANY NAME including but not limited to, performance evaluation ratings, attendance records and personnel complaint investigations and discipline.

In making this request, I voluntarily waive any and all claims to privacy that may exist regarding these records and information, statutory or otherwise.

In consideration for PRINT COMPANY NAME providing the requested information, I do, for myself, my heirs, executors, administrators and assigns, forever release and discharge PRINT COMPANY NAME its agents, employees, heirs, assigns, estate and successors from any liability, or claims, of whatever kind in connection with the release or failure to release any information or records relating to myself.

A photocopy or FAX copy of this release is as valid as an original, even though said copies do not contain my original signature. This authorization shall only be valid for one year from the date of signature.

_____
Signature

Date: _____ Date of Birth _____

Sworn before me this_____ Day of_____ ,20_____

_____
Notary Public

rev 02/2015