

CITY OF PORTALES
PORTALES POLICE DEPARTMENT
BACKGROUND RELEASE AUTHORIZATION

I, _____ do hereby authorize a review of full disclosure of all records concerning myself to any duly authorized agent of the Portales Police Department, whether the said records are of a public, private, or confidential nature, I understand that such request could result, directly or indirectly, in the release of negative information, any part of which could be included in my personal history profile.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; the results of any polygraph examinations and the records and 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. I hereby waive attorney-client privilege of confidentially for any attorney with whom I have held such privilege. I direct all former employers to release any and all information upon request of the authorized representative of the Portales Police Department, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

Pursuant to Section 29-10-6-A of the New Mexico State Record Information Act, I hereby appoint an authorized representative of the Portales Police Department said representation, to be designated by the Portales Police Department, as an authorized agent for me for the purpose of inspecting any arrest record information maintained by any law enforcement agency concerning me.

I understand that any information obtained by personal history background investigation which is developed directly or indirectly, in whole or part, upon its release authorization will be considered in determining my suitability for employment with the Portales Police Department. I understand that materials pertaining to this background investigation become the property of the Portales Police Department and will not be returned to me. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in anyway, and I do release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. Furthermore, I release and hold harmless the Portales Police Department and the City of Portales, its elected and appointed officials, agents and employees from and against any and all liability, which might result from conducting such investigation.

I understand my rights under Title 5, United States Code, Section 552a, the privacy Act of 1974 with regard to access and disclosure of records, and I waive those rights.

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

Full Name (Print, include maiden name)

Date of Birth

Address

Social Security Number

City/State/Zip Code

Phone (include area code)

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____

My commission expires _____, 20____

SEAL