



Authority For Release of Information
(Background Investigation Waiver)



To: Concerned Person or Authorized
Representation of Any Organization,
Institution or Repository of Records

APPLICANTS NAME:
DATE OF BIRTH
SOCIAL SECURITY #:

EMPLOYING AGENCY REQUESTING BACKGROUND INFO:

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information of photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:
NEW SMYRNA BEACH POLICE DEPARTMENT

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes.

Applicant's Signature

Date

Applicant's Printed Name

AFFIDAVIT

STATE OF

COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced