



# City of Missoula Police Department

## Authorization to Release Information

Name of Applicant: \_\_\_\_\_  
Last First MI Maiden or Alias

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

As an applicant for the position of Police Officer with the City of Missoula Police Department, I am required to undergo a background investigation for use in determining my qualifications and suitability to be a police officer. I realize that the Missoula Police Department will NOT release the information provided to them to any person, including myself. The information submitted to the Missoula Police Department is confidential and will be used only for the purpose of determining my suitability for law enforcement employment. I understand that all documents, interviews, reports and any other information regarding all phases of the background investigation and selection process are treated as confidential information by the Missoula Department. As such, they will not be shared with anyone not directly involved in the hiring process. The Missoula Police Department will also not share the information with me except in response to a court order.

I authorize release to the Missoula Police Department of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others to furnish the Missoula Police Department any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage, which may result from furnishing the information requested. You or others in your organization may be contacted by mail, by a background investigator with the Missoula Police Department, or both. I further authorize that a photocopy of this Authorization To Release Information form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for a period of one (1) year of the date of my signature.

\_\_\_\_\_  
Applicant Signature Date Signed

Subscribed and Sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

**SEAL**

My Commission Expires \_\_\_\_\_