

PERSONAL HISTORY RELEASE:

I do hereby authorize a review of and a full disclosure of all records concerning myself to the duly authorized agent of the Villa Rica Police Department.

The intent of this authorization is to give my consent for full and complete disclosure of the records of any records wherever filed, medical and psychiatric treatment, and / or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran’s Administration; employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me. This authorization will also include a criminal history background check thru NCIC/GCIC.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or in part upon this release authorization will be considered in compiling any report for the Villa Rica Police Department. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I understand that this information may be obtained through the use of this Waiver at any time during which my participation is maintained with the Villa Rica Police Department.

INJURY RELEASE WAIVER:

Each applicant will be required to sign a covenant not to sue form which is attached to the registration form.

NOTE: All forms must be signed and notarized at the Villa Rica Police Department.

Printed Name

Signature

Address: _____

DOB: _____ SS#: _____

Race: _____ Gender: _____

State: _____

This _____ day of _____

My Commission Expires: