

INFORMATION RELEASE WAIVER

I understand there will be an investigation of all statements contained in my application for employment with the Ashland, Ohio, Police Department. I hereby authorize any present or former employer, court of law, educational institution, neighbor, friend, acquaintance, relative, or law enforcement agency to release all information with respect to myself, which may have a bearing on my application for employment. I understand that in signing this authorization I waive the right for such information to be privileged. Any use of information obtained pursuant to this authorization other than for employment purposes with the Ashland Police Department is unauthorized and prohibited. This authorization expires one year from the date of signature below.

I have read this waiver and understand its implications.

Print Name

Signature

Date

Sworn and subscribed to me this _____ day of _____, 2016.

Notary Public