

DL# _____

Exp. _____

**The University of Memphis
Police Services**

Authorization for Release of Personal Information

I, (print full name) _____, do hereby authorize a review of a full disclosure of all records concerning myself to any duly authorized agent of The University of Memphis Police Services, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U. S. Veterans'' Administration; credit including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have had interest.

I understand that any information obtained by a personal background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by The University of Memphis Police Services. I also certify that any person(s) who 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.

Further, I understand that if offered the job that may be required, if employed, to take a polygraph test which I hereby agree to take; and if employed, that I may be required periodically take polygraph tests, which hereby agree to take.

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

Witness

Signature of full name (Include Maiden)

Date

Address: _____

Phone: _____

Date of Birth: _____

SS#: _____

Date: _____

Subscribed and sworn to before me, the undersigned authority on this _____ day of _____ A.D.20____

NOTARY PUBLIC IN AND FOR _____ COUNTY,

_____. My commission expires _____