



North Vernon Police Department
James Webster
Chief of Police



WAIVER OF LIABILITY
AND
REQUEST FOR INFORMATION RELEASE

I \_\_\_\_\_, the requestor, do hereby authorize all persons or entities whom receive this instrument, or a reproduction of this instrument, having information relating to or concerning the requestor, to furnish such information to the North Vernon Police Department Chief of Police, or designee.

I am aware that this information may be of a personal nature and may otherwise be protected by constitutional or common law privileges. I hereby expressly waive all privileges which may attach to such communications or disclosures and release all persons, firms, and corporations from all claims, of any nature as a result of said communication or disclosure.

Information to be disclosed

- Medical Records
Mental Records
Financial Records
Criminal History Check
Educational Records
Organizational Memberships
Past and Present Employment Records
\*Any Background material/Information relevant to reputation and or moral character

\*These Records will be maintained on file in the North Vernon Police Department Personnel Section.

Signature of Requestor

Date

STATE OF INDIANA )
) SS:
COUNTY OF JENNINGS )

Subscribed and sworn to before me, a Notary Public, in and for said county and state, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_

Notary Public

Printed

County of Residence