



Chicago Police Department Authorization to Release Information and Waiver



I, _____, an applicant for a position with the Chicago Police Department (herein "CPD"), understand that the CPD needs to thoroughly investigate my personal and employment histories to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment histories be disclosed to the CPD.

Note To Employers: 745 ILCS 46/10 entitled "No liability for providing truthful information" states:

"Any employer or authorized employee or agent acting on behalf of an employer who, upon inquiry by a prospective employer, provides truthful written or verbal information, or information that it believes in good faith is truthful, about a current or former employee's job performance is presumed to be acting in good faith is immune from civil liability for the disclosure and the consequences of the disclosure. The presumption of good faith established in this Section may be rebutted by a preponderance of the evidence that the information disclosed was knowingly false or in violation of a civil right of the employee or former employee."

I do hereby authorize any representative of the CPD bearing this release to obtain any information in your files pertaining to my employment records and direct you to release such information upon request of the bearer. I also authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the CPD, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

This authorization is not to include any medically related history or Workers' Compensation Act or Worker's Occupational Diseases Act claims.

I reiterate and emphasize that the specific intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provided pertinent data for the CPD to consider in determining my suitability for employment.

I consent to your release of any and all public and private information that you may have concerning me for the following:

- employment and pre-employment information, including, but not limited to, background reports and efficiency/performance ratings, attendance records, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made.)
- any internal affairs investigations and discipline, including any files deemed to be confidential and/or sealed complaints or grievances filed by or against me.
- the records or recollections of attorneys at law, or other counsel, whether representing me or any other person in any case, either criminal or civil, in which I presently have, or have had an interest, excluding any medical malpractice or workers' compensation claims.
- personal background and reputation
- military service records
- educational records
- financial and/or credit records including loans, commercial or retail credit agencies (including credit reports and/or ratings)

- any and all records maintained by any criminal justice or corrections agency including incident reports, arrest records, traffic citations and criminal history information
- any information contained in investigatory files.

I hereby release you, as the custodian of such records, your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization to release information or any attempt to comply with it. I direct you to release such information upon request of the duly authorized representative of the CPD regardless of any agreement I may have previously made to the contrary. For and in consideration of the CPD acceptance and processing of my employment application, I agree to hold the organization, its agents and employee harmless from any and all claims and liability associated with my employment application or in any way connected with the decision whether or not to employ me with the CPD, including any liability or damage pursuant to any state or federal laws.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access of and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the CPD in conjunction with employment procedures.

I also understand that by signing this release, I specifically waive any written notice to me of the disclosure of any disciplinary report, letter of reprimand, or other disciplinary action as required by the Illinois Personnel Record Review Act-820 ILCS 40/7.

A photocopy/FAX copy of this release will be valid as an original thereof, even though said photocopy/FAX copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed below.

I further understand that I waive any right or opportunity to read or review any and all information provided in the background investigation report prepared by the CPD or its attachments and that all information and documents provided to the CPD become the property of the CPD and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents/employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or reason of complying, or any attempt to comply with this request.

By signing below, I certify that I have had adequate time to review this entire form and have read and clearly understand its purpose.

Signature: _____ Date: _____

Address: _____ Phone: _____

Date of Birth: Day: _____ Month: _____ Year: _____ Soc. Sec. No. _____ - _____ - _____

Witnessed by: _____ Date: _____