

ANTIOCH POLICE ACTIVITIES LEAGUE

AUTHORIZATION FOR RELEASE OF INFORMATION

As part of the application process to become a volunteer for the Antioch PAL program, I am required to furnish information for use in a confidential background investigation. In this connection, I authorized release of any and all information including any information you may have concerning me. This authorization includes all information of a confidential and/ or privileged nature.

By this signed authorization, I am absolving former employers, co-workers or any other person(s), who may have been subject to any civil action taken against them for divulging any possible sealed confidential information. I hereby release you, your organization or others from liability or damage which may result from furnishing the information.

This waiver also covers neighbors, landlord(s), educational facilities, including but not limited to high school(s), college(s), universities, creditors, credit organizations, collection agencies, insurance companies, medical firm(s) or doctor(s), civil and/ or criminal courts of law, military organization and any other organization that may have relevant information concerning my background, character, personal and work habits and/or ability to work with children.

I understand that I will not receive and am not entitled to know the contents of confidential reports received, and I further understand that these reports are privileged.

This waiver expires one year from today's date: _____

Name: _____ Date of Birth _____
Print Full Name

Signature: _____