



North Vernon Police Department

Keith E. Messer
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 Name

County of Residence