

**STATE OF ALASKA
DEPARTMENT OF PUBLIC SAFETY**

**INFORMED CONSENT
RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF
PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA**

I recognize that individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the position of a Police officer. I further recognize that an employing agency has both a legal and moral obligation to take every reasonable effort to insure that any person employed by them as a Police officer will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such an investigation will include contacting persons and/or organizations who have information relating to my fitness. I also understand that those persons and/or organizations may feel inhibited, intimidated, or other-wise reticent about furnishing legitimate information concerning my fitness unless the confidentiality of their information can be guaranteed on a permanent basis.

I further understand that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I therefore understand that I will not be provided or have access to the information obtained in the course of this background investigation.

Therefore, I exonerate, release and discharge my prospective employer, the Department of Public Safety, and its' officers, agents, and assigns, now and in the future, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration.

I knowingly, voluntarily, specifically, and permanently waive any rights I may have to examine, review, or to otherwise discover the contents of this investigation and all documents related. I have had adequate time to review this form, I understand its meaning and purpose.

APPLICANT SIGNATURE

DATE

The above named individual appeared before me this date and having identified himself/herself, signed the above Informed Consent form in my presence.

Done at _____, _____ on the _____ day of _____, 20_____.
City State

SWORN TO AND SUBSCRIBED BEFORE ME

Notary

My Commission Expires: _____

NOTE: A PHOTOCOPY REPRODUCTION OF THIS FORM SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

**STATE OF ALASKA
DEPARTMENT OF PUBLIC SAFETY**

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

Applicant Name (print) _____

Applicant SS# _____ D.O.B. _____

I authorize the Department of Public Safety, its employees, and its agents to make a full and complete inquiry of any and all individuals or entities regarding my background, whether of a public, private, or confidential nature, including obtaining copies of any and all records and/or documents which the Department deems necessary for a full and complete background investigation. I understand that the intent of this **RELEASE OF INFORMATION** is to allow the Department to pursue a complete investigation into my background and personal life in order to process my application for employment with the Department of Public Safety.

I authorize and direct you to release such information and I release any individual from any and all liability or damage of any nature which may be a result of compliance, or any attempt to comply with this authorization.

PRIVACY ACT NOTICE: (a) Purposes and Uses: Copies of this completed form will be furnished to individuals in order to obtain information regarding your background to determine your suitability to be a Self-Pay Applicant. (b) Effects of Nondisclosure: Furnishing the requested information, thereby authorizing collection of background information is voluntary, but failure to provide all or part of the information will result in a lack of further consideration for the position of State Trooper Recruit.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Department of Public Safety and retained by them in confidence unless I authorize its release.

I also understand that if the Department of Public Safety obtains information during this investigation or during other steps in the application process regarding my own or others criminal conduct, this information will be provided to the applicable law enforcement agency for criminal investigation.

APPLICANT SIGNATURE

DATE

The above named individual appeared before me this date and having identified himself/herself, signed the above Waiver and Authorization to Release Information in my presence.

Done at _____, _____ on the _____ day of _____, 20_____.
City State

SWORN TO AND SUBSCRIBED BEFORE ME

Notary

My Commission Expires: _____

NOTE: A PHOTOCOPY REPRODUCTION OF THIS FORM SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

**STATE OF ALASKA
DEPARTMENT OF PUBLIC SAFETY**

RELEASE OF INFORMATION TO LAW ENFORCEMENT AGENCIES

I consent to the release of information obtained by the Department of Public Safety concerning my background and this application with the Department of Public Safety to other law enforcement agencies should they request the information in order to evaluate any application for employment which I might file with other law enforcement agencies.

APPLICANT SIGNATURE

DATE

This **RELEASE OF INFORMATION TO LAW ENFORCEMENT AGENCIES** expires in five (5) years from the date of signature unless stated otherwise.

**STATE OF ALASKA
DEPARTMENT OF PUBLIC SAFETY**

NOTICE AND AUTHORIZATION TO USE CONSUMER CREDIT REPORT

Applicant Name (print) _____

Applicant SS# _____ D.O.B. _____

NOTICE

In compliance with Sub-section 604(b) of the Fair Credit Reporting Act ("FRCA") amended by the Consumer Credit Reporting Reform Act of 1996, this is your notice that the Department of Public Safety intends to obtain and use a Consumer Credit Report for employment purposes.

Authorization to allow the department to obtain and use the report is voluntary, but failure to provide the authorization to obtain and use the report will result in a lack of further consideration for the position.

AUTHORIZATION

I authorize the Department of Public Safety, its employees, and its agents to obtain and make use of a Consumer Credit Report for employment purposes.

APPLICANT SIGNATURE

DATE



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Public Safety

OFFICE OF THE COMMISSIONER
Department of Public Safety Training Academy

877 Sawmill Creek Rd.
Sitka, AK 99835-7455
Main: 907.747.6611
Fax: 907.747.5606

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any investigator or duly accredited representative of the Alaska Law Enforcement Training Program bearing this release, or a copy thereof, within one year of date of signature, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary action, and arrest and conviction records.

I hereby authorize and direct you to release such information requested by the bearer. I understand that the information released is for official use by the Alaska Department of Public Safety and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of any nature which may at any time result to me as a result of compliance, or any attempts to comply, with this authorization.

Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature (full name) Date

Other names used

Printed Full Name

Social Security Number

Current Address

Date of Birth

City State Zip

Telephone Number

PRIVACY ACT NOTICE: (a) Purposes and Uses: Copies of this completed form will be furnished to individuals in order to obtain information regarding your activities. This is undertaken as a portion of the investigation to determine your admission to the Alaska Law Enforcement Training Program. (b) Effects of Nondisclosure: Furnishing requested information, thereby authorizing collection of background information is voluntary, but failure to provide all or part of the information may result in lack of further consideration for admission to the Alaska Law Enforcement Training Program.