

01/15/2018

**Michigan Commission on Law Enforcement Standards**  
106 W. Allegan Street, PO Box 30633, Lansing, MI 48909  
(517) 322-1417

## AUTHORIZATION FOR RELEASE OF INFORMATION

*Sections A & B to be completed by all applicants (non-licensed, currently licensed, or previously licensed law enforcement officers)*

**Section A - Type or print only:**

Last Name:	First Name:	Middle Name:	Suffix (Jr, Sr, III):
Social Security No.*:	Date of Birth:	Gender†:	Race‡:
Residence Address (Street, City, State, Zip):		Phone No.:	Highest Degree:
Drivers License No.:	Issuing State:	E-Mail:	

**Section B – Authorization for release of information:**

I hereby authorize any individual, agency or organization to furnish to the Michigan Commission on Law Enforcement Standards, the Lincoln Park Police Department<sup>1</sup>, their representatives and/or agents (including, but not limited to, academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/psychological, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards and the Lincoln Park Police Department<sup>1</sup>.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Signature:	Today's Date:
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**\*\*\*Section C to be completed by current or previously licensed law enforcement officers only\*\*\***

**Section C – Former Michigan employing law enforcement agency authorization:**

Further, I hereby authorize the Lincoln Park Police Department<sup>2</sup>, to contact my former Michigan employing law enforcement agency or agencies to request and obtain a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any of my former employing law enforcement agency or agencies. **(Under 2017 PA 128, MCL§28.561, et seq. a prospective employing law enforcement agency shall not hire a law enforcement officer unless the prospective employing law enforcement agency receives the record regarding the reason or reasons for, and circumstances surrounding, a separation of service from each prior employing law enforcement agency)**

Signature:	Today's Date:
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AUTHORITY:	1965 PA 203; 2017 PA 128
COMPLIANCE:	Voluntary
PENALTY:	No License Activation/ Employment/Academy Enrollment

* This information is confidential. Confidential information is protected by the Federal Privacy Act.
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† This information is for the purposes of EEO reporting only.
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<sup>1</sup> Type the name of the Law Enforcement Agency, Basic Law Enforcement Training Academy, or RPTE Program requesting the information in this blank.

<sup>2</sup> Type the name of the Law Enforcement Agency, Basic Law Enforcement Training Academy, or RPTE Program requesting the information in this blank.

**CITY OF LINCOLN PARK BACKGROUND SCREENING APPLICATION FORM**  
**-PLEASE PRINT OR TYPE ALL INFORMATION ON THIS FORM-**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
PREVIOUS NAMES: \_\_\_\_\_  
DRIVER'S LICENSE NO. \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_

I hereby request and authorize the City of Lincoln Park to conduct a background investigation on myself to include any and all records regarding any arrests, convictions, or information listed in my name. I hereby release the City of Lincoln Park from all liability for any damages whatsoever for furnishing any information concerning me, whether by reason of unauthorized use, error, negligence, or other reason.

I authorize the City of Lincoln Park to use the information it obtains to evaluate my application for employment. I certify that all information given by me is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are significant cause for my not being accepted as an employee and for my dismissal no matter when discovered. The employers, organizations, and individuals named are authorized to give any and all information regarding my employment, character, and qualifications that they have about me, in consideration of the evaluation of this background investigation.

I hereby waive, release and discharge the City of Lincoln Park, all employees, organizations and individuals, and any other persons or entities from liability from all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages that may result from compliance or attempts to comply with this authorization.

I hereby consent to this investigation and authorize the City of Lincoln Park to procure the reports as stated above, in order to evaluate my application for employment and/or to maintain records on my status as an employee of the City of Lincoln Park. In order to verify my identity for purposes of the background check, I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date