

**RELEASE AND WAIVER TYPE I
GENERAL AUTHORIZATION AND RELEASE
PURSUANT TO MINNESOTA STATUTE 13.05, sub. 41 MINNESOTA DATA ACT**

TO: Name: Lakes Area Police Department Phone 651-257-0622
Address: 13292 Sylvan Avenue City/St./zip: Lindstrom, MN 55045

I, _____, am an applicant for a position with the city of Lindstrom. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal employment history be disclosed to the above City. I hereby authorize any representative of the City of Lindstrom or the Lakes Area Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the city of Lindstrom, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my informed consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the city of Lindstrom to consider in determining my suitability for employment in that City. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, education and training records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, 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 and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the city of Lindstrom regardless of any agreement I may have made with you previously to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested. For and in consideration of the city of Lindstrom's acceptance and processing of my application for employment, I agree to hold the City of Lindstrom, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the city of Lindstrom. 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 and Minnesota Statute 13.05, sub. 4, Minnesota Data Practices Act, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the city of Lindstrom in conjunction with employment procedures. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I hereby authorize and grant my informed consent to permit you to release and make photo copies of any Polygraph Reports, Recording Tapes or Written Reports which concern me and is in your possession. This authorization shall be valid for a period of one year from the date of my signature, but I reserve the right to, at any time prior to that expiration, cancel this written authorization by providing written notice to the City or to you of that fact. I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Date: _____
Full Name: _____ (signature)
Current Address: _____ State: _____ Zip: _____
Phone Number: Day () _____ Evening () _____