

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____

The undersigned, hereby authorize any physician, employer, organization or person to whom a signed copy, facsimile transmittal or photocopy of this authorization is delivered to provide any information, opinion, reports, records or copies thereof which may be requested by a representative of the Anishinabek Police Service in connection with the background investigation relating to my application for employment with the Anishinabek Police Service, and specifically;

Authorized Areas of Disclosure: (Check off required areas)

- Academic Records and Transcripts []

- Employment Records []

- Military and Police []
(includes Disciplinary Proceedings)

- Medical Information []

- Police records including record of law involvement []

- Driving Record Check []

- Criminal Record Check []

- Character and Reference Check []

- Other _____ []

I understand this information will be used to assess my qualification and suitability in relation to my application for employment as an officer with the Anishinabek Police Service. I further understand that any questions I may have concerning the collection of this information should be addressed to the Chief of Police.

I hereby acknowledge and declare that the terms of this authorization for release of information are fully understood by me.

Signed this _____ day of _____, in the year _____.

Signature of Applicant

Date