



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT



AUTHORIZATION FOR RELEASE OF INFORMATION
AND STATEMENT OF CONSENT

I, _____ do hereby authorize a review by, and a full disclosure to a duly authorized agent of the Washington, D.C., Metropolitan Police Department of all records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial and credit institutions, including records and any other information including statements of deposits, withdrawals and balances of checking, savings and loan accounts, and also the record of commercial or retail mercantile establishments and retail credit agencies (including credit reports and/or ratings,) medical and psychiatric consultation and/or treatment including those of hospitals, clinics, private practitioners, the U.S. Department of Veterans Affairs, Social Security Administration, and military medical and psychiatric facilities, public utility companies, employment and pre-employment records, including background investigation reports, medical reports, the results of polygraph examinations, efficiency and performance ratings, complaints or grievances filed by or against me, and salary records, and other financial statements and records of any nature whatever, and wherever filed, records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records, and further to include all such records whether "adult" or "juvenile."

I fully consent, after a conditional offer of employment is made, to any physical, psychological, or other testing, *including urine, hair, and/or blood* for controlled dangerous substances, to determine my suitability to be employed by the Washington D.C., Metropolitan Police Department prior to beginning employment and also during the entire course of my employment with the Washington, D.C., Metropolitan Police Department.

I also fully consent to submit to a polygraph examination and/or computer voice stress analyzer for the purpose of verification of information given by me or contained in my records, application and/or interview in connection with my application for employment with the Washington, D.C., Metropolitan Police Department. I hereby release and waive any and all rights, which may be given to me by any Federal, State, County, or municipality law to refuse or decline to undertake a polygraph examination and/or computer voice stress analyzer.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to those records and any other information including statements that will permit the development of a background and history of my personal and professional life. I further reiterate my authorization to submit, after a conditional offer of employment is made, to any medical, physical, psychiatric, psychological, or other testing, including urine and/or blood for controlled dangerous substances for the specific purpose of developing pertinent information for the Washington, D.C., Metropolitan Police Department to be considered in determining my suitability for employment by the Department.



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT**



It is my specific intent to provide access to information, however personal, privileged, or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny or prevent access to any other records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed, directly or indirectly, in whole or in part, upon release will be considered in determining my suitability for employment, as stated above. Any medical information obtained before a conditional offer of employment is made will not be considered unless a conditional offer of employment is extended. All medical information received will be kept in a separate file and will not be reviewed or used in determining whether a conditional offer of employment will be made.

I agree to indemnify and hold harmless the person(s) to whom this Authorization for Release of Information is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of, or by reason for complying with requests for information that this Authorization provides.

I further understand that in the event my employment application and/or resume is disapproved, not considered, or otherwise does not result in my appointment to the Metropolitan Police Department, the sources(s) of confidential information cannot and will not be released and/or revealed to me. Additionally, all information and documentation obtained, to include testing results, will be the sole property of the Metropolitan Police Department.

It is further understood by me that a photocopy, including a facsimile (or fax) copy of the actual original of this Authorization for Release of information will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

Applicant Signature

Date

Date of Birth

Last 4 digits of SSN#:

If under 18, need Parent/Guardian Signature:

Parent/Guardian Name

Parent/Guardian Signature

Date