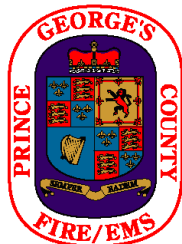
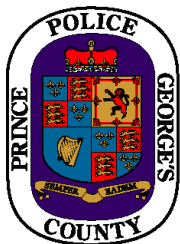


PRINCE GEORGE'S COUNTY GOVERNMENT



Authorization for Release of Personal Information Public Safety Positions - Fire

I, _____ / _____ / _____
First Name **Middle Name** **Last Name**

do hereby authorize a review by, and a full disclosure to the Public Safety Investigations Division, a duly authorized agent of the Prince George's County Government, Office of Human Resources Management, of any and 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 for the purposes of a background investigation for one of the County's Public Safety Positions.

_____ Initials

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, income tax returns and W-2s, financial and credit institutions, including, but not limited to, records and any other information such as 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. Veterans Administration, Social Security Administration, Child Protective Services, military medical and psychiatric facilities, public utility companies, employment and re-employment records, including, but not limited to, background investigation reports, internal affairs documents, investigations, reports or incident dispositions, LinX/N-DEx System inquiries, medical reports, , efficiency and performance ratings, complaints, mediations, referrals, or grievances filed by or against me, and salary records, and other financial statements and records of any nature whatsoever, and wherever filed, records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law, including any legal, criminal and/or traffic records, and further to include all such records whether "adult", "juvenile", "expunged", "sealed", "stet", "nolle prosequi", etc..

_____ Initials

I fully consent, after a conditional offer of employment is made, to any medical, psychological, or other examination, including urine and/or blood testing for controlled dangerous substances, to determine my suitability to be employed as a Public Safety employee by the Prince George's County Government..

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, which will permit the development of a background and history of my personal and professional life.

_____ Initials

I further reiterate my authorization to submit, after a conditional offer of employment is made, to any and all 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 Prince George's County

Government to consider in determining my suitability for employment as a public safety employee. It is my specific intent to provide complete access to any and all information, however personal, privileged, or confidential, and the sources of information specifically enumerated above are not intended to deny or prevent access to any other records not specifically identified herein.

_____ Initials

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. Additionally, I hereby agree to save, defend, indemnify and hold harmless Prince George's County, Maryland, its agents, officers and employees, from and against any and all claims, demands, suits and judgments arising from complying with the request for information that this Authorization provides.

_____ Initials

I further understand that in the event my employment application is disapproved, not considered, or otherwise does not result in my appointment to a Prince George's County Government Public Safety Agency the source(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 and remain the sole property of the Prince George's County Government.

_____ Initials

It is further understood by me that a photocopy, facsimile, and/or scanned copy of the actual original of this Authorization for Release of Personal Information will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This release form and any photocopy of this release form, even though the said photocopy does not contain an original writing of my signature, will be valid and shall be honored for a period of one year from the date of my signature below.

Applicant: _____ / _____ / _____
First Name Middle Name Last Name

Date of Birth: _____ / _____ / _____ **Social Security Number (last 4 only):** xxx/xx/_____
Month Day Year

Applicant's Signature: _____ **Date:** _____ / _____ / _____
Month Day Year

Parent/Legal Guardian Signature _____ **Date:** _____ / _____ / _____
(If applicant is under 18) Month Day Year

Parent/Legal Guardian printed name: _____

APPLICANT DO NOT FILL IN BELOW: NOTARY ONLY

Sworn and subscribed before me this the _____ day of _____, 20____.

Notary Public

My Commission expires: _____