CITY OF UNALASKA
DEPARTMENT OF PUBLIC SAFETY
Police ▪ Fire ▪ EMS ▪ Communications ▪ Corrections
29 Safety Way, P.O. Box 370
Unalaska, Alaska 99685
Phone (907) 581-1233 / Fax (907) 581-5024

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I _____ (printed name of applicant) authorize the City of Unalaska Department of Public Safety, hereafter "Department", its employees and agents, to make a full and complete inquiry of any and all individuals or entities regarding my background, whether of a public, private or confidential nature, including copies of any and all records and documents which the Department deems necessary for a full and complete background investigation.

I understand that the intent of this WAIVER AND AUTHORIZATION TO RELEASE INFORMATION is to allow the Department to pursue a complete investigation into my background and personal life in order to process my application for employment with the Unalaska Department of Public Safety.

I authorize and direct you to release such information and I release any individual from any and all liability or damage of any nature, which may be a result of compliance, or any attempt to comply with this authorization.

PRIVACY ACT NOTICE: (a) Purposes and Uses: Copies of this completed form will be furnished to individuals in order to obtain information regarding your background to determine your suitability to be a Police Officer; (b) Effects of Nondisclosure: Furnishing the requested information, thereby authorizing collection of background information, is voluntary, but failure to provide all or part of the information will result in a lack of further consideration for the position.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Unalaska Department of Public Safety and retained by them in confidence unless I authorize its release.

_____ _____
Applicant Signature Date

State of _____)
) ss.
County / Judicial District _____)

The foregoing Waiver and Authorization to Release Information was personally acknowledged before me on this _____ day of _____ 20____.

_____ *(notary signature)*
Notary Public, State of _____
My Commission expires _____