



**Authorization To Release Financial and Credit  
Information Pre-Employment**

I am an applicant for employment with the Gresham Police Department. I understand that I am or will be subject to a background investigation by the City of Gresham and the police department in order to determine my suitability and qualifications for employment.

I further understand that as part of this background investigation, information the City and/or the police department may solicit and receive information from various consumer reporting agencies.

I hereby consent to this background investigation in its entirety and authorize you to furnish the City and the Gresham Police Department with any and all information that you have concerning me, my work, my reputation, my credit history and my financial status. Information of a confidential or privileged nature may and should be included. I have been provided a written summary of my rights under the Fair Credit Reporting Act.

This authorization to release information will also act as a release for you, your organization and others from any liability or damage that may result from providing the information requested.

A photocopy of this authorization should be considered valid and treated as if it were an original.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Social Security Number

\*\*\*\*\*

Sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary public \_\_\_\_\_

My commission expires: \_\_\_\_\_



**PRE-EMPLOYMENT RELEASE OF INFORMATION AUTHORIZATION**

**TO WHOM IT MAY CONCERN:**

I am an applicant for employment with the Gresham Police Department. State law and department policy mandates the completion of a comprehensive background investigation to determine if I possess the personal qualities and moral fitness to serve the citizens of the City of Gresham in a law enforcement capacity.

I authorize and direct you, your organization, its officers, agents, and employees to release any and all information which you may possess about me, including information which may be deemed confidential, privileged and/or derogatory in nature, included but not limited to: employment information; official employment documents; employment performance materials or data, including information that may have been sealed as the result of an order or agreement between me and your organization; character reference information; educational records; background investigation files; internal affairs investigation records; and local criminal history information pursuant to state law.

I hereby exonerate, release and discharge you, your organization, its officers, agents, all references and employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information requested by the bearer of this authorization form.

I have specifically waived any rights I may have to review or inspect any information developed in this investigation, so your responses will not be released to me. You may retain a copy of this form for your files. A photocopy of this release is to be considered as valid as an original.

Date \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Applicant's Name (Print): \_\_\_\_\_

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**TO WHOM IT MAY CONCERN:**

I authorize the National Personnel Records Center, St. Louis, MO, or other custodian of my military records to release to the Gresham Police Department, Gresham, Oregon, information about or photocopies of my military personnel and related medical records. This could include a photocopy of my DD 214 and report of separation.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

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Sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary public \_\_\_\_\_

My commission expires: \_\_\_\_\_