

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 FAX (662) 915-5480

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the University of Mississippi Police Department, whether the said records are of public, private or confidential nature.

Please sign form in the space provided if you understand and agree with the statement.

The intent of this authorization is to give my consent for full and complete disclosure of the records of :

- Educational institutions;
- Financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial and retail credit agencies(including credit reports and/or ratings); public utility companies;
- Real and personal property tax statements and records, and other financial statements and records wherever filed;
- Records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records;
- The results of any polygraph examinations;
- Records of complaint of a civil nature made by or against me, where so ever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest;

Employment and pre-employment records, including but not limited to:

- Background reports,
- Efficiency reports and/or ratings,
- Complaints or grievances filed by or against me,
- Record or alleged misconduct and/or disciplinary action records,
- Salary records.

I reiterate and emphasize that the intent of this authorization is to provide free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the University of Mississippi Police Department to consider in determining my suitability to access "Hazardous Materials", as defined by Section 172.800 of Title 49, Code of Federal Regulations. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information 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 this release authorization will be considered in determining my suitability to access "Hazardous Materials", as defined by Section 172.800 of Title 49, Code of Federal Regulations. I understand that all materials pertaining to this background investigation become the property of the University of Mississippi Police Department and will not be returned to me.

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I agree to release, indemnify and hold harmless the person to whom this is request is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event of a negative recommendation, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, event thought the said photocopy does not contain an original writing of my signature.

Full name (printed)			
Address			
Phone number	____ - ____ - ____	Social Security Number	____ - ____ - ____
Signature			
Date			