

Monrovia Police Department  
Information Consent and Release Form

I, \_\_\_\_\_, an applicant for the position of probationary police officer with the Monrovia Police department, agree to assist and cooperate with the department and any representative thereof in obtaining the following information: Educational records, medical records, driving records and criminal history background records. I also agree to authorize and request all person to whom this request is presented, having information relating to or concerning me, to furnish any duly appointed officer of the Monrovia Police Department with the same.

I am aware that this information may be of personal nature and may otherwise be protected by me constitutionally or be treated in a strictly confidential manner and therefore expressly waive all privileges which may attach to such disclosure and shall hold no individual or organization liable for the legal action for disclosing any of the above information to the Monrovia Police Department.

Further, I understand that misrepresentation, falsification of information, or failure to assist and cooperate with this department in obtaining the above requested information will be cause for disqualification from consideration; and if already affiliated will be grounds for termination.

Signed this \_\_\_\_\_ Day of \_\_\_\_\_.

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

Subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_.

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

County of Residence \_\_\_\_\_

Notary Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Notary Seal