**Utah Department of Natural Resources**

**Law Enforcement**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I,       have made application for employment with the Utah Department of Natural Resources, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application. I understand that any history which adversely reflects on my qualifications for employment may be cause for disqualification from further consideration for employment with the Utah Department of Natural Resources.

**I hereby give the Utah Department of Natural Resources and its agents the authority to conduct a comprehensive investigation of my background including, but not limited to, oral discussions with any person concerning my background. I also authorize a review and full disclosure of all records and other privileged or confidential information. This includes records maintained by past and present employers, law enforcement agencies, educational institutions, financial institutions, medical institutions, commercial establishments, public utility companies, and state and federal agencies. Any inquiry into records concerning medical treatment and/or psychiatric consultations which I may have had is to determine character traits which may be relevant for employment purposes.**

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of the Authorization for Release of Information. I consider a copy of the Authorization for Release of Information to be as valid as the original even though the copy does not have my original signature.

I hereby release the Utah Department of Natural Resources and its agents and anyone who gives written or oral information about me to the Utah Department of Natural Resources from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs, associates, assigns, and representative.

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| Did you fill out this form? Yes [ ]  No [ ]  |
| If no, who did |       | Date |       |
| Relationship |       |

**BEFORE SIGNING**, please review this document for errors or omissions and read the following carefully:

I understand that all statements I make on this application (Personal History Statement) and throughout the testing process (including polygraph, psychological examinations and background investigations) are subject to verification. **FALSE INFORMATION, OMISSIONS, OR MISLEADING STATEMENT(S) WILL BE JUST CAUSE FOR DISQUALIFICATION.**

I understand that it is my responsibility to keep the Utah Department of Natural Resources Office informed of changes in my address, phone number, employment, availability, etc. I further understand that failure to keep any scheduled appointment without proper notice shall be just cause for disqualification. Should I desire to be reconsidered, it will require a new application to be filed during the next application period.

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 Applicants Signature Date

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

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 Notary Signature My Commission Expires:

Notary Stamp