



Release of Information - Agreement and Consent

To Whom It May Concern:

I hereby authorize the Hampton Police Department, upon receipt of a fully-executed copy of this document, to release any and all records, in any of its files, concerning me and /or my employment with the Hampton Police Department (including the termination of my employment) to _____ . By this document, I intend to authorize a full disclosure of all records, or any part thereof, concerning me and my employment with the Hampton Police Department, whether such records are considered public, private or confidential.

I specifically consent to the release of any and all records that the Hampton Police Department has in its possession concerning me; my work record; my background and reputation; my military service; my education; my financial status; and my criminal and motor vehicle history (including arrest records). I understand and agree that in addition to my complete personnel file, this release will include my efficiency ratings; all complaints or grievances filed by or against me; all my polygraph exams; all my physiological exams; all records generated as part of any internal affairs investigations involving me (whether the internal investigation was completed or not); and all disciplinary records.

This waiver supersedes and replaces any prior agreements between me and the Hampton Police Department regarding the release of information concerning me and /or my employment with the Hampton Police Department. Additionally, I am hereby knowingly and voluntarily releasing the Hampton Police Department from any and all liability arising out of it compliance with the terms of this document.

I hereby authorize and agree that a photo copy of this document can be accepted with the same authority as the original.

Date: _____

Signature: _____

Printed Name: _____

Address: _____

Subscribed and Sworn before me this _____ day of _____ 20__

Notary Public _____

Seal