



# AUTHORITY TO RELEASE INFORMATION

## Certification Application



FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(PRINT or TYPE)

CURRENT ADDRESS \_\_\_\_\_

This release is being made in conjunction with my application for Certification Training.

I do hereby authorize a review and full disclosure of any and all records or files (or any part thereof) pertaining to me, including but not limited to the files and records of any school or other educational institution, financial or credit agency, public utility companies, any hospital, clinic, doctor or other medical practitioner, the military or armed forces of the United States, any agency or business pre-employment or employment records and/or personnel files including background investigation reports, results of polygraph examinations, efficiency ratings, complaints and/or grievances involving me as well as medical examinations, attorneys' files, court records or documents in civil or criminal cases in which I am involved, and any records, files or documents regarding any arrests, convictions or other criminal investigations or charges involving me whether in writing or in electronic media databases.

I further authorize the release of information to the NLETC concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to become trained and certified as a law enforcement officer, even if the information is not contained in written records and regardless of whether the information is considered privileged or confidential in nature.

I further authorize NLETC to release any and all information it has regarding me to my employing agency including but not limited to information referenced above together with any and all NLETC records and information, grades, disciplinary and other actions and investigations or anything else obtained or occurring during my training at NLETC.

I release and hold harmless the State of Nebraska and the Nebraska Law Enforcement Training Center for all actions taken as a result of the information it receives and/or disseminates.

This release of information form, or a duly executed photo copy and/or fax is valid for a period of one year from the date of execution or through the completion of training, which ever occurs first.

I, the undersigned, after first being duly sworn, hereby acknowledge that I give the above authority to release information of my own free will and for the purposes stated therein and I have voluntarily furnished my social security number.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

\_\_\_\_\_

Notary Public

Return form to: Nebraska Law Enforcement Training Center, 3600 North Academy Road, Grand Island, NE 68801-9200