



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize any person, employer, organization or physician to provide any information, opinion, reports, records, documents or copies thereof in any form which may be requested in connection with my application for employment with the Royal Newfoundland Constabulary and any subsequent training.

Personal information about me will be used to assess my qualifications and suitability in relation to my application as a Police Officer. I consent to the collection, use, disclosure, transmittal and examination of all information compiled by the Royal Newfoundland Constabulary.

Personal information about me that is obtained during the selection process, or any subsequent training and employment, may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization.

I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me.

Applicant's Signature: _____

Date: _____

Witness Signature: _____

Date: _____