



LAW ENFORCEMENT TRAINING BOARD
INDIANA LAW ENFORCEMENT ACADEMY

Post Office Box 313
Area Code 317/839-5191

(Please use black ink when completing this form)

AUTHORITY TO RELEASE INFORMATION

FULL NAME: _____ Male Female
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____
(Street Address)

TELEPHONE: () _____
(City or Town) (State) (Zip)

I have made application to the Law Enforcement Training Board (LETB) for enrollment at the Indiana Law Enforcement Academy in order to become trained as a law enforcement officer.

I hereby authorize any individual, agency, or organization to furnish the Law Enforcement Training Board, its employees or its agents, or any law enforcement department or officer bearing or furnishing this release, within three months of its date, all records or files concerning myself that may be related to my application for law enforcement basic training as a preservice tuition trainee, whether the said records are public or private, and including those which may be deemed privileged or confidential in nature.

I authorize the full and complete disclosure of the records and files of educational institutions; financial or credit agencies; medical and psychiatric consultation and/or treatment, including hospitals, clinics, private practitioners, the U.S. Veteran Administration, and all military and psychiatric facilities; public utility companies; employment and preemployment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of civil nature made by or against me, and including, but not limited to the records and recollections of attorneys at law, or other counsel representing or having represented me; and any records of any type whatsoever which concern any arrests or criminal charges involving me.

I further authorize the release of information to the LETB and the department and officers conducting my background investigation any other information which has a bearing on my fitness or ability to become trained and certified as a law enforcement officer, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

This release is executed with full knowledge and understanding that the information is for the official use of the LETB, and I further understand that such information can be released to any law enforcement agency where I might later wish to make application for employment.

I release from liability and hold the State of Indiana, the LETB and its employees and its agents, as well as the department and officers conducting my background investigation, harmless for all actions taken as a result of the information they receive through this release.

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____