

Allan H. Kittleman
County Executive



Gary L. Gardner
Chief of Police

HOWARD COUNTY DEPARTMENT OF POLICE

3410 Courthouse Drive, Ellicott City, MD 21043

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Howard County Police Department, whether the said records are of public, private or confidential nature.

The intent of this Authorization is to give my consent for full and complete disclosure of the records as follows: Records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by me or against me, wheresoever located; and to include the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

I reiterate and emphasize that the intent of this Authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a Background Investigation which may provide pertinent data for my suitability as a civilian/contractor/volunteer working within the Howard County Government. I understand that any information obtained by a personal history Background Investigation which is developed directly or indirectly, in whole or in part, upon this Release of Authorization, will be considered in determining my suitability as a civilian/contractor/volunteer employee.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this Release Form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Print Name: _____ Signature: _____ Date: _____

Address, City, State, ZIP: _____

Date of Birth: _____ SSN#: _____

Witness (Print Name & Signature): _____ / _____

HCPD 6040 (Rev. 10/2016)

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