

THE CITY OF JONESBORO
WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ do hereby authorize you to furnish the Jonesboro Police Department (JPD) background investigators, or other duly accredited representatives of the JPD, conducting my background investigation, any information related to:

- My activities, schools, agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include academic, attendance, disciplinary, employment, financial, background, and criminal histories that may have been obtained as a result of my application for employment.
- Release – arrests, detentions, field citations, field interview cards, records and reports such as - officer, jail/custody booking, traffic citations, traffic accident information, district attorney, court probation and parole, laboratory results, criminal justice including information source.

Your reply will be used to assist the police department in determining my qualifications and fitness for the position I am seeking. This includes individuals identified by the JPD representative, who might have information about my suitability for employment. *(NRS 239 B & NRS 41.755 STATES THAT UPON REQUEST OF A LAW ENFORCEMENT AGENCY, AN EMPLOYER SHALL PROVIDE INFORMATION, IF AVAILABLE, REGARDING CURRENT OR FORMER EMPLOYEE OR EMPLOYER WHICH IS AN APPLICANT FOR THE POSITION OF PEACE OFFICER WITH A LAW ENFORCEMENT AGENCY. NRS 41.755 STATES THAT AN EMPLOYER WHO DISCLOSES INFORMATION REGARDING AN EMPLOYEE TO A LAW ENFORCEMENT AGENCY PURSUANT TO TSECTION 1 OF THIS ACT IS IMMUNE FROM CIVIL LIABILITY FOR SUCH DISCLOSURE AND IT'S CONSEQUENCES). This inquiry is in compliance with the applicable state code and local ordinances.*

Copies of this authorization denotes the originality of my signature. This authorization is valid for (2) years from the date signed or upon my termination, ending my affiliation with the Jonesboro Police Department.

Full Name (print):	Date:
Other names used:	
Signature:	

COUNTY _____, STATE _____
Subscribed and sworn before me this _____ day of _____, 20__

Notary Public _____ Commission Expires: _____