



POLICE DEPARTMENT COUNTY OF SUFFOLK, NY
ACCREDITED LAW ENFORCEMENT AGENCY
AUTHORIZATION TO RELEASE INFORMATION

PDCS-5157d

Full Name:	
Any other names by which I have been/are known:	
Date of Birth:	Social Security Number:

To Whom It May Concern:

As an applicant for a position as a _____ with the Suffolk County Police Department, I am required to furnish information for use in determining my qualifications for that position. I hereby request and authorize the full disclosure of **any and all** records, files, reports, notes, opinions and any other information you have concerning me, in any format whatsoever, including sealed information, to the Suffolk County Police Department or any other individual or organization designated by the Suffolk County Police Department.

This Release includes, but is not limited to, employment files or records, performance evaluations, disciplinary records, background investigation files, polygraph reports, psychological reports, medical records, any and all internal affairs investigations, complaints or grievances filed by or against me, training files, educational or school records and transcripts, financial records, credit history, driving history, military records, results/findings of any alcohol/drug testing or detoxification/rehabilitation program, arrest or criminal records including any investigative files or reports, detention reports, field intelligence reports, booking information, court records, probation reports, and/or traffic citations. This Release is expressly intended to include, all records or other information which has been sealed pursuant to New York State Criminal Procedure Law ("CPL") SS160.50 and 160.55. I further expressly designate the Suffolk County Police Department to be my "designated agent" under CPL §160.50(1)(d) and/or CPL §160.55(1)(d) as may be applicable, to request and receive such records and information.

I understand that any information obtained in whole or in part, upon this Release will be considered in determining my suitability for employment by the Suffolk County Police Department and that all materials obtained upon this Release become the property of the Suffolk County Police Department and will not be returned to me.

I hereby release you, your organization, its representatives, agents, employees, heirs and assigns, the County of Suffolk, its representatives, agents, employees, heirs and assigns, and the Suffolk County Police Department, its representatives, agents, employees, heirs and assigns from any and all liability whatsoever and/or damages, which may result from furnishing the above information.

A photocopy or an electronic facsimile of this signed authorization form is to be considered effective and valid as the original.

This Authorization to Release Information and Waiver shall remain in effect for a period of two (2) years from the date of signature or upon the date of hire of the applicant, whichever occurs first.

Signature: _____ Date: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

STATE OF NEW YORK
COUNTY OF SUFFOLK

Sworn to before me on this _____ day of _____, 20 ____.

Notary Public