



Authorization for Release of Information

I, _____, the undersigned, hereby authorize the Delta Police Department to collect from any person, employer, physician, the Insurance Corporation of British Columbia, or any other person or organization, to whom a signed duplicate, photocopy or fax of this document is provided, to furnish any information, opinions, reports, records, documents or copies thereof in any form which may be requested by the Delta Police Department pertaining to my application for employment and any subsequent training.

I understand that personal information includes, but is not limited to academic records, employment history, including disciplinary and attendance records, medical, physical, finance, character and criminal record data from sources other than myself will be obtained by the Delta Police Department through the selection process with my consent.

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

Dated this _____ day of _____, 20_____

Full Name of Applicant (printed)

Applicant Signature

Full Name of Witness (printed)
Witness must be 18 years or older

Witness Signature