

**ISANTI COUNTY SHERIFF'S OFFICE
RELEASE AND WAIVER TYPE 1
GENERAL AUTHORIZATION AND RELEASE
PURSUANT TO MINNESOTA STATUTE 13.05, SUB.4, MINNESOTA DATA ACT**

TO: _____

I, _____, am an applicant for a position with the Isanti County Sheriff's Office. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Isanti County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Isanti County Sheriff's Office, whether said records are of public, private, or confidential nature. **The intent of this authorization is to give my informed consent for full and complete disclosure. 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 that may provide pertinent data for the Isanti County Sheriff's Office to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.**

I consent to your release of any and all public and private information that you may have concerning me, in writing or orally, my educational and training records, my work record, my background and reputation, my military service records, educational and training records, my financial status, my criminal history record, including any arrest records, any information contained in investigator files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Isanti County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Isanti County Sheriff's Office acceptance and processing of my application for employment, I agree to hold Isanti County, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Isanti County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Isanti County Sheriff's Office in conjunction with employment procedures. Should there be any questions as to the validity of this release, you may contact me at that address listed on this form.

This authorization shall be valid for a period of one year from the date of my signature, but I reserve the right to, at any time prior to that expiration, cancel this written authorization by providing written notice to the department or to you of that fact. I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

DATE: _____ FULL NAME: _____ (Original signature)

FULL NAME :(Printed) _____ Soc. Sec. # _____

CURRENT ADDRESS: _____ City: _____ State: _____ ZIP: _____

PHONE NUMBER: Day: (_____) _____ Evening: (_____) _____

INVESTIGATOR'S SIGNATURE : _____

Isanti County Sheriffs Office
509 18th Ave Sw
Cambridge, MN 55008
763-689-2141