



**State of Idaho, Idaho State Police
Idaho Peace Officers Standards and Training
Authority To Release Information**

Full Name: _____

Social Security Number: _____
(for the purpose of conducting a background check only)

Date: _____

Current Address: _____

Telephone Number: _____

I have made application for enrollment at the Idaho Peace Officer Standards and Training Academy (POST) in order to become trained and certified as a law enforcement officer.

I do hereby authorize a review and full disclosure of all records or files, or any part thereof, concerning myself that may be related to my application for training to POST, its employees or agents bearing or furnishing this release, within six months of its date, whether the said records are public or private, and including those which may be deemed to be of privileged or confidential nature.

I authorize the full and complete disclosure of the records and files of educational institutions, financial or credit agencies; medical and psychiatric consultation and/or treatment, including hospitals, clinics, private practitioners, the U.S. Veterans Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of civil nature made by or against me, and including, but not limited to, the records and recollections of attorneys at law, or other counsel representing or having represented me; and any records of any type whatsoever which concern any arrests or criminal charges involving me.

I further authorize the release of information to POST concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to become trained and certified as a law enforcement officer, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

This release is executed with full knowledge and understanding that the information is for the official use of POST, and I further understand that such information can be released to any law enforcement agency where I might later wish to make application for employment.

I release from liability and hold the State of Idaho, the Idaho State Police and Peace Officer Standards and Training harmless for all actions taken as a result of the information they receive.

Signature _____ **Date:** _____

Witness _____ **Date:** _____

Idaho POST Academy, P.O. Box 700, Meridian, ID 83680-0700, (208) 884-7250 Fax (208) 884-7295, www.idaho-post.org

EQUAL OPPORTUNITY EMPLOYER