

Cary Police Department

Patrick M. Finlon, Chief of Police



AUTHORIZATION TO RELEASE INFORMATION

I am applying for a solicitor's permit with the Village of Cary Police Department. The Village needs to investigate my background to evaluate if I qualify for obtaining a permit. It is in the public interest that all information concerning my background be disclosed to the Village.

I consent to the release of any and all criminal history records including any arrest records, any information contained in investigatory files, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any criminal case, in which I presently have, or have had an interest, and any investigations, 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 for any 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 Village of Cary regardless of any agreement to the contrary I may have made with you previously.

For and in consideration of the Village's acceptance and processing of my application for a solicitor permit, I agree to hold you, your agents and employees harmless from any and all claims and liability associated with my application for a solicitor permit or in any way connected with the decision whether or not to approve my application for a solicitor permit with the Village of Cary. 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 disclosure of records and I waive those rights with the understanding that information furnished will be used by the Village of Cary in conjunction with application procedures.

A photocopy or facsimile copy of this release form will be as valid as an original thereof, even though the said copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address or phone number listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his 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.

Full Name: _____
(Signature)

Full Name: _____
(Typed or Printed Name)

Date of Birth: _____

Subscribed and Sworn to me the _____ day of _____, 20____

Date: _____

Notary Public in and for said County of McHenry, Illinois.

Address: _____
(Current)

Signature of Notary Public

Phone Number: _____