



SAANICH POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ the undersigned, hereby authorize any person, employer, or any physician, government organization such as WorkSafe BC, the Insurance Corporation of BC, to provide all information, opinions, reports, records, documents or copies thereof in any form which may be requested in connection with my application for employment with the Saanich Police Department and subsequent training.

Personal information about me will be used to assess my qualifications and suitability in relation to my application as a police officer as well as research purposes. I consent to the collection, use, disclosure, transmittal and examination of all information compiled by the Saanich Police Department.

Personal information about me that is obtained during the selection process, or any subsequent training and employment, may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information, opinions, reports, records, documents or copies thereof in compliance with this authorization.

I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me.

Applicant's Signature

Date

Witness' Signature

Date

7/11/2011