City of Cambridge
Police Department

RECORD REQUEST

Please return to FAX #:

Date: Time:

Name:
last, first, middle suffix

Date of Birth: **Race:** **Sex:**

Social Security Number:

Address:

Father's Name:

Mother's Name (Maiden):

BOP: ☐ LTC / FID: ☐ Sex Offender Registry: ☒
Warrants: ☐ Triple I: ☐ Other:
Suicide Screening: ☐ Driver's History: ☐

ATTENTION REQUESTING OFFICER *in order for this request to be processed by Communications you must complete the following section completely and legibly.*

Requested by:
sign print last name badge #

Reason Requested:

DO NOT WRITE BELOW LINE - FOR ECC USE ONLY

Completed by:

City of Cambridge
Police Department

TELEPHONE
(617)349-3300

FAX
(617)349-3320

Robert C. Haas
Police Commissioner

Robert W. Healy
City Manager

AUTHORIZATION FOR RELEASE OF INFORMATION

Participant's Name, Address, and Phone # (PLEASE PRINT LEGIBLY):

_____

_____

I, _____, in consideration of the opportunity to apply for the position of Auxiliary Police Officer with the City of Cambridge Police Department, hereby agree and acknowledge as follows:

1. I _____, authorize the Cambridge Police Department to conduct an investigation into my background. I expressly authorize all individuals and organizations to release any and all information that they may have concerning me, my criminal record, my work record, my reputation, my financial status, and my medical records and condition.

2. I understand that information of a confidential or privileged nature may be sought and I expressly agree to waive any privileges or confidentiality in the material that I may legally possess.

3. I understand that the Cambridge Police Department will use this information to assist in determining my qualifications and fitness for the position I am seeking with this Department. I realize that the position of **Police Officer** is one of the most sensitive government occupations and as such requires the highest levels of public confidence and public trust. For these reasons I encourage my former employer as well as other government agencies, organizations, and individuals to make full, complete and accurate disclosure of all information they may have about me.

4. I hereby release any individual or organization from any liability or damages, which may result from furnishing the information requested.

5. I further agree to release and forever discharge the City of Cambridge, the Cambridge Police Department, their employees, volunteers, agents, successors, heirs, estates, executors, administrators and assigns, from all such claims, demands, actions, damages and liabilities whatsoever, which I may have, whether foreseen or unforeseen, for any damages which may result from this background investigation.

6. I, _____, acknowledge that I have read and fully understand this Authorization for Release of Information, and that I have signed below voluntarily.

_____
Applicant's Signature

_____
Date

_____
Witness

_____
Title