



**Oakland Police Department**  
**455 Seventh Street**  
**Oakland, CA 94607**  
**Background Investigation Unit**  
**510-238-3339**

## AUTHORIZATION TO RELEASE INFORMATION

### TO WHOM IT MAY CONCERN:

As an applicant for a position with the Oakland Police Department, I am required to furnish information for use in determining my qualifications. I accordingly authorize, for one year from the date I sign this release and waiver, any authorized representative of my prospective employer bearing this release or any copy thereof, to obtain any and all information you have concerning me, including but not limited to, information pertaining to my employment, job applications, performance evaluations, attendance records, disciplinary actions, eligibility for rehire, and other information relevant to my suitability for employment, including any and all files otherwise deemed confidential or privileged, including any and all materials that have been sealed by agreement, court order, or otherwise, including, but not limited to, disciplinary matters. I acknowledge that all information provided by my prior employers or other persons to my prospective employer, in order for my prospective employer to determine suitability for employment, are protected, by, among other things, the absolute privilege of California Civil Code §47, subsections (b) and (c), and California Government Code §1031.1.

I hereby authorize and direct you, your organization, its Custodian of Records, and/or persons in your employ to furnish and release any and all information which you may have concerning me, including information which may be of a confidential, privileged, and/or derogatory nature, including, but not limited to: employment information, official employment documents, employment performance data (pursuant to Government Code §1031.1 and other applicable law), character reference information, educational records and transcripts (pursuant to the Family Educational Rights and Privacy Act of 1974 [Public Law 93-380]), medical, surgical, psychological, and dental records (if I am offered employment with this agency) (pursuant to, e.g., the Confidentiality of Medical Information Act, Civil Code §56 et seq., applicable federal law, including but not limited to 29 C.F.R. 1630 et seq.), credit and financial information (pursuant to, e.g., the Right to Financial Privacy Act, and various state and federal Fair Credit Reporting Acts), local criminal history information [pursuant to Penal Code §13300(b)(10)], and/or any other information that you possess about me.

I exonerate, release and discharge you, your organization, its officers, agents, and assigns, from any liability or damages, whether in law or in equity, for furnishing the information requested by the bearer of this authorization form. It is further understood, acknowledged, and agreed to, that any information secured pursuant to this statutorily required background investigation, which would negatively reflect on my fitness for duty, may be furnished by the Oakland Police Department to my current law enforcement employer or other third parties as may be deemed necessary in the course of fulfilling its official responsibilities.

NAME: \_\_\_\_\_ Position Applied: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SS#: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ CDL#: \_\_\_\_\_ Expire \_\_\_\_\_  
code: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE of CALIFORNIA  
COUNTY OF ALAMEDA

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

On \_\_\_\_\_ before me, \_\_\_\_\_ Notary Public, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal \_\_\_\_\_ (Seal)  
Notary Signature