

AUTHORIZATION FOR RELEASE OF INFORMATION

AKWESASNE MOHAWK POLICE SERVICE

I, _____, the undersigned, hereby authorize any physician, employer, organization or person to whom a signed copy, facsimile transmittal or a photocopy of this authorization thereof is delivered, to provide any information, opinion, reports, records or copies thereof, which may be requested by a representative of the Akwesasne Police Commission, Ontario Provincial Police, Surete de Quebec, R.C.M.P or New York State Police in connection with the background investigation relating to my application for employment with the Akwesasne Mohawk Police Service, and specifically:

Authorized Areas of Disclosure:

- | | |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| -Academic records and transcripts | -Police records including applicant files and history of law involvement |
| -Employment Records | -Driving record check |
| -Military and police records as applicable (including complaint, disciplinary Investigations and results) | -Criminal Record Check |
| -Medical Information | -Fitness Test |
| -Financial information including credit Bureau check | -Character and reference check |
| | -Police Application |
| | -Other |

I understand this information will be used to assess my qualifications and suitability in relation to my application for employment with the Akwesasne Mohawk Police Services. I further understand that any questions that I may have concerning the collection of this information should be addressed to the Labor Relations/Training Officer, 73 Sweet Grass Lane, Akwesasne Quebec HOM 1AO (613) 575-2340.

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

Dated, this _____ day of _____, 20_____

Applicant Signature

Commissioner of Oath Signature

Commissioner Stamp