



INDIANA UNIVERSITY

POLICE DEPARTMENT

Authorization for Review, Release And Permission to Secure Personal Records

I, _____, hereby authorize the duly
 (Applicant's name - printed)
 authorized employees of the Indiana University Police Department to obtain,
 copy, secure and review any and all records, data and information pertaining
 to me, my medical and dental history, arrest data, credit standing, private life,
 educational progress, social life and any other information deemed pertinent
 by said department in order to enable said department to conduct a full and
 complete background investigation of my person. I hereby absolve and agree
 to hold harmless any individual, agency, or institution who supplies data,
 records or information to said department from any liability of whatever nature
 and from any cause of action which might arise from said transactions.

(Applicant's Signature)

(Date)

Subscribed and sworn before me this _____ day of _____, 20_____.

My term expires: _____

Notary public

County of residence: _____

Printed