Nebraska State Patrol

Private Investigator Applicant

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____

(Last Name) (First) (Middle) (Date of Birth)

_____

(Address) (Soc. Sec. #)

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the Nebraska State Patrol or any out-of-state police agency assisting them, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions; financial or credit institutions; commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veteran's Administration, and all military and psychiatric facilities; public utility companies, employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency rating, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including, but not limited to the records and recollections of attorneys at law, or other counsel representing or having represented me; and any records of any type what so ever which concern any criminal charges involving me.

I further authorize the release of information concerning all of the above mentioned areas or any other information which has a bearing on my fitness or ability to become a private investigator, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

_____ _____

Applicant's Signature Date

NSP 747B