



## Hold Harmless Agreement Authorization for Release of Personal Information

The undersigned agrees to hold **Chandler Gilbert Community College** and the **Maricopa County Community College District its Agents and Employees, and subcontractors** harmless from any and all actions, causes of actions, claims, damages, costs, loss of services, expenses an compensation of account of, or in any way arising out of, release of personal information in consideration for conducting a background adjudication/verification investigation to determine the undersigned meets the minimum fitness/and or personal qualifications under AzPOST R13-4-106(C)(7) to attend the AzPOST Certified Police Academy (Law Enforcement Training Academy at Chandler Gilbert Community College):

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Further, I \_\_\_\_\_, Do Hereby Authorize any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange, and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a peace officer or determine my suitability for admission and attendance at the Law Enforcement Training Academy at Chandler Gilbert Community College for the purpose of obtaining AzPOST peace officer certification. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct behavior, and general fitness for duty as a peace officer or ability to perform in a peace officer academy.

This authorizes the release to Chandler Gilbert community college, and its Agents/Adjudicators and Employees of all information requested pursuant to the conduct of the AzPOST required background investigation/adjudication on behalf of the above named person. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. **I DO HEREBY RELEASE FROM ANY AND ALL LIABILITY**, all persons or entities disclosing information pursuant to this release.

Signature of Applicant:		Date:
Sworn and Subscribed To Me This Date:	Day of:	Year:
By:		
State of:	County of:	
Signature of Notary Public:		