



**Fairbanks
International
Airport**

AIRPORT POLICE & FIRE

State of Alaska, Department of Transportation & Public Facilities
6450 Airport Way Ste 1, Fairbanks, AK 99709 Phone: 474-2555 FAX: 474-2544

STATE OF ALASKA WAIVER AND AUTHORIZATION TO RELEASE INFORMATION TO AIRPORT POLICE AND FIRE

I, _____, social security number _____, date of birth _____, authorize Airport Police and Fire at Fairbanks International Airport to obtain any and all information that you have concerning me, including my work, academic, attendance, and performance records; including any disciplinary actions; any arrest and conviction records; personal history; my reputation; medical records; military service records; and financial status and credit rating. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining any qualifications for the position of Emergency Services Dispatcher I or II. I further understand that the information you furnish will not be disclosed to any person not connected with the law enforcement community involved in the applicant background investigation process.

PRIVACY ACT NOTICE:

- (a) Purposes and Uses: Copies of this completed form will be furnished to individuals in order to obtain information regarding my background to determine my suitability as an Emergency Services Dispatcher I or II.
- (b) Effects of Nondisclosure: Furnishing the requested information, thereby authorizing collection of background information is voluntary, but failure to provide all or part of the information will result in a lack of further consideration for the position of Emergency Services Dispatcher I or II.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Department of Transportation and Public Facilities and retained by them in confidence.

I hereby authorize and direct you to release such information. I hereby release any individual, including record custodians, for any and all liability or damage of any nature that may be in result of compliance or any attempt to comply with this authorization.

Applicant

Date

The above named individual appeared before me this date and having identified him/herself, signed the above Waiver and Authorization to Release Information in my presence.

Notary Public State of Alaska
My Commission Expires _____

Date

NOTE: A PHOTOCOPY REPRODUCTION OF THIS REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES.