

CITY OF PORTLAND, OREGON



Bureau of Police

Sam Adams, Mayor
Michael Reese, Chief of Police
1111 S.W. 2nd Avenue • Portland, OR 97204 • Phone: 503-823-0000 • Fax: 503-823-0342

Integrity • Compassion • Accountability • Respect • Excellence • Service

Informed Consent/Release and Hold Harmless Waiver

Ensuring Confidentiality of Background Investigation Information

I acknowledge the need for individuals applying for access to police facilities on a regular basis demonstrate their suitability to access specific areas of police facilities to accomplish the purpose of their business. I further recognize that the Portland Police Bureau has an obligation to ensure public safety and protect police property, equipment and records. I acknowledge the burden of proof of my fitness falls upon me.

I understand that I am authorizing an investigation into aspects of my personal life to determine my fitness to access police facilities. This investigation may include contacting persons and/or organizations that have information relating to my suitability. I also understand that those persons and/or organizations may feel inhibited, intimidated or otherwise reticent about furnishing legitimate information concerning my fitness unless the confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be interwoven with other confidential information to which I would otherwise not be privy. Therefore, I exonerate, release and discharge the City of Portland, the Police Bureau, their officers, agents or assigns, now and in the future, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this facility access screening investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration.

I hereby knowingly, voluntarily, and specifically, waive any rights I may have to examine, review, or to otherwise discover the contents of this investigation and all documents related thereto, whether by request, civil service appeal, grievance, or by legal process.

Signature of applicant	Printed name of applicant		
I attest the applicant subscribed the above before me on this City of Portland, County of Multnomah, State of Oregon.	day of	, 200	in the
Notary Public for the State of Oregon			
My commission expires on the of	_, 20		