



# MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive

Harrisburg, Pennsylvania 17112-9748

<http://www.psp.pa.gov/MPOETC>

## WAIVER FORM

### REQUEST FOR SEPARATION RECORDS

The release of Separation Records to a prospective employing law enforcement agency when a conditional offer of employment has been made or to a law enforcement officer requesting their own record is authorized by 44 Pa. C.S., Chapter 73 (relating to law enforcement background investigations and employment information). Requests for separation records must be in writing, accompanied by a Waiver Form signed by the applicant and an authorized representative of the law enforcement agency. A request by an officer for their records do not require an agency signature.

APPLICANT LAST NAME	APPLICANT FIRST NAME	APPLICANT MIDDLE NAME/INITIAL	TELEPHONE	
APPLICANT MAILING ADDRESS		CITY/BORO	STATE	ZIP CODE
APPLICANT SSN	APPLICANT DATE OF BIRTH	APPLICANT DRIVERS LICENSE NUMBER		

### REQUESTOR

SELF	PROSPECTIVE EMPLOYING LAW ENFORCEMENT AGENCY (MUST PROVIDE DATE OF HIRE OR DATE EMPLOYMENT WAS OFFERED)	DATE OF HIRE/OFFER OF EMPLOYMENT	
LAW ENFORCEMENT AGENCY NAME (OR BLANK FOR SELF)	SIGNATURE OF AGENCY HEAD OR REPRESENTATIVE	PRINT NAME OF AGENCY HEAD OR REPRESENTATIVE	
AGENCY ADDRESS	CITY/BORO	STATE	ZIP CODE

### AUTHORIZATION TO RELEASE RECORDS

I hereby authorize the Municipal Police Officers' Education and Training Commission to release to the requestor all records retained by the Commission regarding my current or former employment as a law enforcement officer.

APPLICANT SIGNATURE	DATE
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COUNTY OF \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me, \_\_\_\_\_,

the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name and signature appear above, and acknowledged that they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_

Notary Public

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

My Commission Expires: \_\_\_\_\_