

**LARAMIE/ALBANY COUNTY RECORDS AND COMMUNICATIONS (LARC)
LARAMIE POLICE DEPARTMENT
ACCESS/OBSERVATION/RIDE ALONG
CONFIDENTIALITY RELEASE FORM**

TO BE COMPLETED BY APPLICANT

Name _____
(First) (Middle) (Last) (Phone Number)

Address _____
(Street) (City) (State) (Zip)

Place of Employment _____

Age _____ Date of Birth _____ SSN _____

Driver's License Number _____ State _____

*List any Health Problems _____

*Emergency Contact _____
(Name) (Phone Number)

*Requested Observation Date _____ Time _____
(Allow 7 – 10 Business Days for Police Ride Along)

To Be Completed by Department Personnel

*Observ. Authorized	*Applic. Notified	Background Check
() Yes	() Yes	() Locals check
() No	() No	() NCIC /
		() DL Check

Background Check Performed By _____ Date _____

Background Check Requested By _____ Date _____

Please fully complete this form. Your signature on the observation/confidentiality release form must be completed prior to submitting the form. Return this form to the agency you are requesting to observe.

Unless you are notified that your application to observe has been denied, you should report to the LARC Dispatch Center or the Laramie Police Department 5 minutes prior to the start time of your observation.

Please read the confidentiality release agreement on the next page and have a full understanding before signing.

*** Required only for observation/ride along requests**

(5/3/2019)

**LARAMIE/ALBANY COUNTY RECORDS AND COMMUNICATIONS
AND
LARAMIE POLICE DEPARTMENT
CONFIDENTIALITY RELEASE FORM**

I, _____, have requested that **Laramie/Albany County Records and Communications (LARC)** permit me to observe in Dispatch with a dispatcher who is on duty. My request is made for my benefit and is not for the benefit of the City of Laramie or LARC.

OR

I, _____, have requested that the **Laramie Police Department (LPD)** permit me to ride along with an officer who is on duty. My request is made for my benefit and is not for the benefit of the City of Laramie or the Laramie Police Department.

OR

I, _____, have requested admittance into any of the secured facilities or structures operated by the **Laramie Police Department** or **LARC** for reasons other than observation. The reason I am requesting access is _____
(ie. Equipment maintenance, visiting employee, custodial, etc.)

◆ **Indicate you agree to the following conditions by initialing after each section**

That during the course of the time I am in LARC or with the Laramie Police Department there will be private and confidential information that I may see or hear that cannot be disseminated outside the criminal justice system.

◆ _____

That during the course of the time I am in LARC or the Laramie Police Department there may be disclosed to me certain private and confidential information consisting of but not necessarily limited to:

- Criminal Justice Information System (CJIS) data
- National Crime Information Center (NCIC) data
- Computer Aided Dispatch (CAD) data and history
- Individual's names, dates of birth, social security number, address and phone number
- Information relating to in progress, on-going or "cold" crimes
- Medical information

That I shall not during, or at any time after my time in LARC or the Laramie Police Department, use for myself or others, or disclose or divulge to others, any such private or confidential information or any such information that I should reasonably consider to be private or confidential. ◆ _____

I certify that all statements made in this application are true and complete. I authorize the Laramie Police Department to investigate all statements made as a part of this application and to secure any necessary information from law enforcement agencies, other persons and entities, and public records. I hereby release all such persons, institutions, agencies, and the Laramie Police Department from any and all liability arising from their giving or receiving information about my history, driving record, and criminal record. ◆ _____

Dated this _____ day of _____, 20_____

Printed Name _____

Signature _____

Witness _____ Witness Printed Name _____

(5/3/2019)