



Charles A. Flynn, III  
Fire Chief

## St. Tammany Parish Fire Protection District # 3

P.O. Box 849  
Lacombe, Louisiana 70445-0847  
(985) 882-5977 Office (985) 882-6664 Fax  
[stfd3@charter.net](mailto:stfd3@charter.net)

### Authorization for Release of Information

*Please carefully read the release information about you, then sign and date it in ink.*

I authorize St. Tammany Parish Fire District No. 3's (STFD3) duly designated representative to obtain any information relating to my activities from individuals, schools, residential, management agents, employers, criminal justice agencies, law enforcement agencies, collection agencies, retail businesses, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history records, drivers' license records, and financial and credit information.

I understand that for financial and lending institutions, medical institutions, hospitals, health care professionals, and other sources, a separate specific release will be needed and I may be contacted for such release later.

I further authorize any duly designated representative of the STFD3 to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for employment in the health care industry and under the policies requirements of the Fire District.

I authorize custodians of records and other sources of information pertaining to me be released upon request of the STFD3 representative regardless of any previous agreement to the contrary.

I understand that the information released by record custodians and sources of information is for official use by the STFD3 only as authorized by law.

Copies of the authorizations that show my signature are valid as the original release signed by me. This authorization is valid for one year from the date signed or upon the termination of my affiliation with STFD3, whichever occurs first.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last four digits of SS#

Contact information:

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_



Charles A. Flynn, III  
Fire Chief

## St. Tammany Parish Fire Protection District # 3

P.O. Box 849  
Lacombe, Louisiana 70445-0847  
(985) 882-5977 Office (985) 882-6664 Fax  
[stfd3@charter.net](mailto:stfd3@charter.net)

### Release and Hold Harmless Statement

In consideration of the background investigation form from St. Tammany Fire District No. 3,

I, \_\_\_\_\_ (print name) certify that I hereby release and hold harmless any person or entity, or their representative who may furnish any information from any liability, civil and/or criminal or other, in connection with the release of such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnesses printed name