



# STATE OF IOWA

CHESTER J. CULVER  
GOVERNOR

IOWA LAW ENFORCEMENT ACADEMY  
E. A. "PENNY" WESTFALL, DIRECTOR

PATTY JUDGE  
LT. GOVERNOR

## AUTHORIZATION FOR RELEASE OF TESTING INFORMATION TO THE POTENTIAL HIRING AUTHORITY

I, \_\_\_\_\_, hereby authorize the Iowa Law Enforcement Academy  
**(Print name)**

to provide to the following agency a report of all test results (cognitive and psychological) whether confidential or public in nature, accumulated as a result of my qualifications to be in law enforcement.

\_\_\_\_\_  
**(Name of hiring authority - sheriff, chief, mayor, etc.)**

\_\_\_\_\_  
**(Name of department or agency)**

I understand that information shall be accessible to the above-named individual or agency for employment purposes only and do hereby consent to its dissemination. I further consent to the utilization of test results or data by the Iowa Law Enforcement Academy or its designee for purposes of educational or scientific research.

I have been advised that the Iowa Law Enforcement Academy will not release the results of the tests or its reports based on that data to any person or agency without my written authorization. I have further been advised that after the Iowa Law Enforcement Academy prepares its report based on the results of my tests, that my results will be made available to me for review by a psychologist, upon my written request and permission by the hiring authority.

I certify that any person who may furnish information concerning my test results shall not be held accountable for releasing the information; and do hereby release said person or persons from any and all liability for damage of whatever kind which may result at any time to me, my heirs, and family or associates because of compliance with this waiver and release of information, or any attempt to comply with it.

I further release the State of Iowa, the Iowa Law Enforcement Academy, or its designee individually or collectively, from any and all liability for damage of whatever kind which may result to me, my heirs, and family or associates because of compliance with this waiver and release of information, or any attempt to comply with it.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_