



## Non-Affiliated Observer Consent and Authorization to Release Information

### 1. Consent to Contact Government of Law Enforcement Agencies

I give permission to Indianapolis EMS/Eskenazi Health to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency, or investigator concerning or relating to me. I further consent to the release of such information and waive any right concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate Indianapolis EMS/Eskenazi Health as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that are consistent with business necessity. A prior criminal conviction will not necessarily exclude a potential observer from completing a ride along.

### 2. Cooperation with Investigation

I agree to fully cooperate in Indianapolis EMS/Eskenazi Health's background investigation and to sign any waivers or releases, or to provide any information that may be necessary to obtain access to relevant information. In the event that any federal, state or local government agency will not release criminal history information directly to Indianapolis EMS/Eskenazi Health, I agree to personally request such information to the extent permitted by law.

**Please read the above information carefully and acknowledge your agreement by signing your name below.**

Observer Legal Name (Please print): \_\_\_\_\_

*Last Name First Name M.I.*

Observer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**The below information is required to conduct the necessary background investigation to determine if the potential rider will be approved to complete a ride along.**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*HR Use Only Background Investigation Completed By:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_