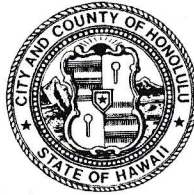


POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
TELEPHONE: (808) 529-3111 · INTERNET: www.honolulu-pd.org

MUFI HANNEMANN
MAYOR



LOUIS M. KEALOHA
CHIEF

DELBERT T. TATSUYAMA
RANDAL K. MACADANGDANG
DEPUTY CHIEFS

OUR REFERENCE JM-PC

April 19, 2010

Mr. Rex Heyworth
Suite 1118, Harbor Plaza Resort City
Tin Shui Wai, Hong Kong

RE: HEYWORTH, Gavin Neil aka Pip; Gan

Dear Mr. Heyworth:

The individual listed above is seeking employment with the Honolulu Police Department. This position requires, *integrity, self motivation, good moral character*, and a high degree of *respect for the community*.

You have been mentioned as knowing this person as a **landlord**, employer, or a personal reference. We depend on information from the applicant's references to assist us in selecting only the best qualified personnel for this position. Your response will not only help us but will benefit the community as a whole. We have included a copy of a notarized waiver, signed by the applicant, authorizing you to reply honestly and openly to the information requested. Please keep this copy for your records. Also, be aware that the information you provide will be taken into consideration as a part of the applicant's total background investigation. Please take a few minutes to complete the enclosed form and return it to this office. Please do not discuss your responses with the applicant or any other references. A self-addressed, stamped envelope is enclosed for your convenience. All information provided to us will be treated as confidential and only available to authorized law enforcement agencies.

Thank you for your cooperation in this matter. If you have any questions, call 723-7788.

Sincerely,
LOUIS M. KEALOHA
Chief of Police

A handwritten signature in black ink, appearing to read "John McEntire".

By
JOHN MCENTIRE
Major
Human Resources Division

Serving and Protecting With Aloha

**HONOLULU POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

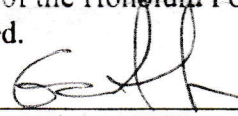
TO: Any Physician, Doctor, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association, Social Worker of Employee Assistance Program Worker; The U.S. Armed Forces, Maritime Services, Veteran's Administration, Selective Service Administration;
Any Registrar, Academic Dean, Principal, Guidance Counselor at any: College University, Business School, Trade School, or High School;
Any Local, State, or Federal Law Enforcement Agency and/or their employees;
Any Past or Present Employer, Supervisor or Co-Worker;
Any Credit Bureau, or Retail Merchant's Association;
Any Bank, Financial Institution, or Insurance Company;
Any County, State, or Municipal Bureau of Vital Statistics Office;
Any Grievance Committee or Disciplinary Committee;
Any Past or Present Landlord;
Any Authorized Employee, Agent or Representative of the above listed;
Any person who has or has had any association with or information regarding the individual below;
Other: _____

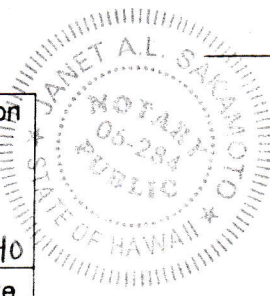
I, GAVIN N HETWORTH, have applied for employment as a **Metropolitan Police Recruit** with the Honolulu Police Department. I am aware that my entire background will be subject to investigation, and hereby authorize and request the immediate release of any and all information or opinions which you may possess about me, for the purpose of evaluating my suitability for employment with the Honolulu Police Department.

This includes information which may be deemed confidential, privileged, and/or derogatory in nature, including but not limited to: employment information, official employment documents, employment performance data, internal investigations, discipline, medical records, character reference information, background investigations, educational records and transcripts; credit and financial records; and criminal history information. I am aware that medical and credit/financial information will not be requested until I have been given a conditional job offer.

I hereby exonerate, release and discharge any individual, organization, it's officers, employees, agents, and assigns from any liability or damages, whether in law or in equity, now and in the future, which may result to me, my heirs, or assigns for complying with this request and for furnishing the information requested by this authorization form. I specifically waive any rights I may have to review or inspect any and all of the information developed in this background investigation.

A photocopy or fax of this release form shall be considered valid as an original, even though the said photocopy or fax does not contain an original writing of my signature. I authorized the use of this waiver upon my signing it, and throughout the selection process of the Honolulu Police Department, which shall include any probationary period if I am hired.

 04/03/10
Legal Signature / Date



This 1-page Authorization for Release of Information document was subscribed and sworn to me this <u>3</u> day of <u>April</u> , 2010,	
in the First Circuit of the State of Hawaii, by:	
<u>Janet A.L. Sakamoto</u>	<u>Sakamoto 04-03-10</u>
Printed Notary Name	Notary Signature / Date
My commission expires:	<u>05-21-2010</u>