AUTHORIZATION TO RELEASE INFORMATION

Name _____
Last First Middle

Other Names _____
(AKA's, prior marriages, maiden names)

Date of Birth _____/_____/_____

Social Security Number _____ - _____ - _____

To Whom It May Concern:

I respectfully request and authorize you to permit the Southwestern College Basic Police Academy to review my credit record, juvenile or adult probation record, medical record and employment record; including but not limited to personnel files, background files, internal investigation files and training files. They are also authorized to copy any material contained therein.

I hereby release you, your organization, or others from any liability or damage, which may result from furnishing the requested information.

A photocopy of this release form will be valid as an original thereof; even though said photocopy does not contain an original writing of my signature. The original of this form is maintained at the Southwestern College Basic Police Academy and will be made available upon request.

The information is to be used to assist the Southwestern College Basic Police Academy in determining my fitness and qualifications for a position of trust and responsibility.

This release will expire one (1) year after the date signed.

Signature _____

Date _____