

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ have applied to the Lincoln Park Police Department for the position of Police Officer.

As such, a background investigation into my character and qualifications will be conducted.

I therefore respectfully request and authorize you to furnish representative of the Lincoln Park Police Department any and all information and copies of records that you may have concerning my employment, work record, school record, military record, reputation, financial and credit status, medical record, mental health records and reports including information of a confidential or privileged nature.

This information is to be utilized to assist the Lincoln Park Police Department in determining my qualifications and fitness for the position of police officer.

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

A photocopy of this waiver shall be considered a valid original.

Signature of Applicant

Date

Address City State Zip

Date of Birth: _____

Social Security No.: _____ / _____ / _____