Simpsonville Police Department
104 Old Veechdale Rd
Simpsonville, KY 40067
(502) 722-8110
(502) 638-4673 Fax

Authorization for the Release of Information

TO WHOM IT MAY CONCERN:

As an applicant for a position with the Simpsonville Police Department, I recognize that two essential characteristics for anyone entering the law enforcement profession are honor and integrity. I further recognize the need for the Simpsonville Police Department to conduct an extensive background check on every applicant.

With this recognition in mind, I hereby authorize the

_____

and its authorized representatives in possession of this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education, juvenile court, psychological, or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the Simpsonville Police Department. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any law enforcement agency, court, school, college, university, or other educations institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Drivers License Number on a voluntary basis with the understanding such is not required by any law or regulation. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Full Name (Print): _____

Address: _____

_____

Drivers License Number: _____

Telephone Number: _____ _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____,
_____,

in and for _____ county, in the state of _____ .

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____