

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I, _____, do hereby authorize the review and release of all records concerning myself to any duly authorized agent of the O'Fallon Police Department, whether the said records are of a public, private or confidential nature.

I authorize you to furnish the O'Fallon, Illinois Police Department with copies of any and all information that you have concerning my: Employment background investigation; work record, reputation; criminal history. Information of a confidential or privileged nature may be included. Your reply will be used to assist the O'Fallon Police Department with a solicitor's license background investigation. I understand that all materials pertaining to this background investigation become the property of the O'Fallon Police Department and will not be returned to me.

I hereby release you and your organization from any and all liability or damages, which may result from furnishing the information requested. I further release the O'Fallon Police Department, and its agents, from any and all liability, which may be incurred, or as a result from the collection of such information. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

Applicant's Signature

Date of Birth

Print Name

Social Security

NOTE: A photocopy reproduction of this request shall be for intents and purposes as valid as the original. You may retain this form in you files.