



The City of East Cleveland

14340 Euclid Avenue, East Cleveland, OH 44112

PHONE: 216-451-1234

Division of Police

CHIEF OF POLICE

Scott Gardner

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of East Cleveland Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or in part, upon this release authorization will be considered in determining any suitability for employment by the City of East Cleveland Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this authorization will be valid as an original thereof, although said photocopy does not contain original writing of my signature.

SIGNATURE: _____ **Date:** _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____