(Name of Law Enforcement Agency)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONC	CERN:	
I hereby authorize the		and its
any information in your file	s bearing this release, or a copy thereof, within one year of its dates pertaining to my employment, military, credit, education or me ademic, achievement, attendance, athletic, personal history, and and credit records.	edical records,
full knowledge and unders to furnish such information responsibilities. I hereby rother educations institution institution, consumer report related personnel, both kind, which may at any ting authorization and request I am furnishing my Social not required by any law of facilitate the location of er	ase such information upon request of the bearer. This release is standing that the information is for official use. Consent is grantern, as described above, to third parties in the course of fulfilling its release you, as custodian of such records, and any school, collegen, hospital, or other repository of medical records, credit bureau, orting agency, or retail business establishment including its office individually and collectively, from any and all liability for damage me result to me, my heirs, family or associates because of completo release information, or attempt to comply with it. Security Account Number on a voluntary basis with the understance of regulation. I have been advised that all parties will utilize this number on the proposition of the proposition. Should there be any question as to the validity of this release release.	d to all parties s official ge, university, or lending rs, employees, es of whatever iance with this anding such is umber only to me in
A	Applicant's Printed Full Name:	
Α	Address:	
	elephone Number:	
Α	Applicant's Notarized Signature:	
	and signed before me, on this the day of,	
	county, in the state of	
S NOTARY SEAL	Signature of Notary Public:	
	Printed Name of Notary Public:	
	//y Commission Expires:	
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