

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby request and authorize you to furnish the Rose Hill Police Department with any and all information they may request concerning my work record, educational history, military record, criminal record, driving record, financial status, general reputation, past polygraph results, and past or present medical conditions.

This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested.

I hereby release you, and your organization, from any liability or damage that would result from furnishing the information requested above.

Signature: X _____

Printed Name: _____

Date: ____ / ____ / ____

Witnessed By: _____ **Date:** ____ / ____ / ____

