AUTHORIZATION TO RELEASE INFORMATION

(Please print or type in ink)

TO: _____

Name of Agency/Department from which information is being requested

I,_____, hereby request and authorize you to furnish the MS OFFICE OF LAW ENFORCEMENT STANDARDS AND TRAINING with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and my past/or present medical condition. This authorization is specifically intended to include all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a law enforcement officer.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a law enforcement officer. This release will expire 60 days after the date signed.

_____

Print Name

_____

Signature of Releaser

Date - _____

SSN – XXX-XX- _____ Date of Birth – _____

Phone # - _____