



Commonwealth of Kentucky

Authority To Release Information Form

I, _____ having made application for the position of Special Law Enforcement Officer, desires that any information in my personal records that the Internal Investigations Branch deems pertinent to their investigation into my background, to be released to their investigators. This authorization includes, but is not limited to, employment, medical, hospital, school and credit records, whether privileged or not.

This authorization shall serve as a release of all liability to all parties furnishing such information to the Internal Investigations Branch and their authorized agents.

A photocopy of this release shall be considered as effective and binding as the original hand executed copy.

Signature: _____

Street: _____ City: _____

State: _____ Zip Code: _____

Date: _____

Witnessed by: _____
