



Commonwealth of Kentucky

AUTHORITY TO RELEASE INFORMATION FORM

I, _____ having made application for the position of Special Local Peace 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 officers. 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: _____

Subscribed and duly sworn to before me by the above named candidate, this _____ day of _____, 20____, at City (or town) of _____ County of _____, and State of _____.

Signature of Officer

Notary Expiration Date

(Official Impression Seal)