



**COMMONWEALTH OF KENTUCKY
JUSTICE AND PUBLIC SAFETY CABINET**

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 Kentucky Law Enforcement Council 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 Kentucky Law Enforcement Council 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

(Official Impression Seal)

Notary Expiration Date