

POLICE DEPARTMENT APPLICANTS

AUTHORITY TO RELEASE INFORMATION AND WAIVER

I authorize you to disclose to any Police Officer or other authorized representative of the City of Minot Police Department any records or information of which you have custody concerning my (1) criminal history record, or (2) credit history or credit rating, or (3) educational records including but not limited to transcripts or other academic records, attendance record, personal history, and disciplinary records.

I request that you make the disclosure described above and I waive and release all claims of any nature whatsoever which might arise out of such disclosure in the absence of this authorization.

If you have any questions about the validity or the scope of this authorization you may contact me as indicated below.

FULL NAME: _____
(Signature)

FULL NAME: _____
(Typed or Printed Name)

SOCIAL SECURITY #: _____.

DATE OF BIRTH: _____.

CURRENT ADDRESS: _____.
_____.

TELEPHONE NUMBER: _____.

DATE: _____.