

**AUTHORIZATION TO RELEASE INFORMATION**

Applicant Name (Print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Thank you for applying for a position with the Polson Police Department. As part of the application process, Polson Police and its agents accomplish the following:

1. Contact references that you have listed on the reference page; including current and previous employers
2. Complete a computerized criminal background check.
3. Complete a fingerprint based criminal history check

The following information is required in order to complete the computerized fingerprint based criminal history checks:

1. List any alias names used (maiden names, etc.)

\_\_\_\_\_

I consent and authorize the Polson Police Department and its agents to contact references I have listed on my application conduct a computerized criminal history check and conduct a fingerprint based criminal history check.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed or Typed Notary Name

Notary Public for the State of \_\_\_\_\_

Residing in \_\_\_\_\_

My Commission Expires \_\_\_\_\_

