



303 9th Street
Worthington MN

Authorization and Release

TO: Worthington Police Department

I am an applicant for a license/employment within the City of Worthington. A thorough investigation of my background and personal history is being conducted to evaluate my suitability for holding a license or being employed.

I hereby authorize any representative of the Worthington Police Department bearing this release, to obtain any information in your files pertaining to my background and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the above described law enforcement agency, whether said records are of public, private, or confidential in nature.

The intent of this authorization is to give my informed consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access of all information maintained by you for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Worthington to consider in determining my suitability for holding a license or being employed. It is my intent to provide access to all information however personal and confidential it may appear to be.

I consent to your release and photocopying of any and all public and private information that you may have concerning me, my background and reputation.

Signature

Date

Full Name with Middle Name or Initial: _____

Birth Date: _____ **Driver's License #:** _____

Social Security Number: _____

Completed By: _____
Police Officer

Date _____