

City of **YORK**
York, Nebraska 68487



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
Last Name First Middle Date of Birth

_____ Social Security #

Address of Residences During Past 10 Years:

	CITY	COUNTY	STATE	Period of Time Lived There	
				FROM	TO
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the City of York Police Department or any police agency assisting them, whether the said records are public or private, and including those which may be deemed to be a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for the investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions; financial or credit institutions; commercial or retail mercantile establishments and retail credit agencies; results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me and including but not limited to the records and recollections of attorneys at law, or other counsel representing or having represented me; and any records of any type whatsoever which concern any criminal charges involving me.

I further authorize the release of information concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to become an employee of the Police Department, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain any original writing of my signature.

Applicant's Signature

Date

Applicant's Driver's License Number