Colerain Police Department

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any Police Officer or other authorized representative of Colerain Township, bearing this release or copy thereof, within one (1) year of its' date, to obtain any information in your files pertaining to my criminal, employment, military, and credit histories, or educational records, including, but not limited to, academic, achievement, attendance, athletic personal history and disciplinary record, medical records and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of Colerain Township. Consent is granted for Colerain Township to furnish such information as is described above, to third parties, in the course of fulfilling its official responsibilities.

I hereby release you as a custodian of records such as academic, medical, credit, business, or otherwise, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release as to the validity of this release, you may contact me as indicated below.

FULL NAME_____
(TYPE OR PRINT)

SIGNATURE_____

SOCIAL SECURITY NUMBER_____

DATE OF BIRTH_____SEX_____RACE_____

ADDRESS_____
(STREET NUMBER AND NAME)

_____
(CITY, STATE AND ZIP CODE)

PHONE NUMBER_____ TODAY'S DATE_____
(AREA CODE AND PHONE NUMBER)

(08/10 NLS)