

Deerfield Township Fire Department
AUTHORIZATION FOR RELEASE OF INFORMATION

APPLICANT INFORMATION (please print)

Full Name _____
 Full First Full Middle Last

Phone _____

Other Name(s) (including nicknames) you may have used or been known as:

Date Of Birth _____
 Month/Day/Year

Date of birth will be used solely for the purpose of obtaining the records requested pursuant to this authorization and not for determining worthiness of employment.

Residence Address _____

Drivers License Number _____ SS# _____

TO WHOM IT MAY CONCERN: I hereby authorize any representative of the Deerfield Township Fire Department, bearing this authorization, to obtain information from my files or other sources pertaining to my personal and employment background, including the histories/records/'reports listed below:

- Criminal History
- Driving Record

I hereby authorize you to release such information upon the request of the bearer. This authorization is executed with the full knowledge and understanding that the information is for official use by the Deerfield Township Fire Department. I hereby release you, the institution or establishment which you represent, including its officers, employees, and 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 for release of information, or any attempt to comply with it. Should there be any questions as to the validity of the authorization, you may contact me as indicated. This authorization shall continue in effect until revoked by me in writing. A copy of the authorization shall have the same force as the original.

Signature of Applicant _____ Date _____