



# Elgin Police Department

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, DO HEREBY REQUEST AND AUTHORIZE A REVIEW OF, AND FULL DISCLOSURE OF, ALL RECORDS CONCERNING MYSELF TO A DULY AUTHORIZED OFFICER OF THE ELGIN POLICE DEPARTMENT, WHETHER SAID RECORDS ARE PUBLIC, PRIVATE OR CONFIDENTIAL IN NATURE. THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF EDUCATIONAL INSTITUTIONS; FINANCIAL OR CREDIT INSTITUTIONS, INCLUDING RECORDS, CREDIT REPORTS, COMMERCIAL AND/OR CREDIT AGENCIES, AND OTHER FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED; MEDICAL AND PSYCHIATRIC TREATMENT AND/OR CONSULTATIONS, INCLUDING HOSPITAL, CLINICS, PRIVATE PRACTITIONERS, AND THE U.S. VETERAN'S ADMINISTRATION; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS; RECORDS AND RECOLLECTION OF ATTORNEYS-AT-LAW, OR OTHER COUNSEL REPRESENTING ME OR ANOTHER PERSON IN ANY CASE, EITHER CRIMINAL OR CIVIL, IN WHICH I PRESENTLY HAVE, OR HAVE HAD AN INTEREST. I CERTIFY THAT ANY PERSON(S) WHO MAY FURNISH SUCH INFORMATION CONCERNING ME SHALL NOT BE HELD ACCOUNTABLE FOR GIVING THIS INFORMATION, AND DO HEREBY RELEASE SAID PERSON(S) FROM ANY AND ALL LIABILITY WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION. A COPY OF THIS FORM HAS THE SAME VALIDITY AS THE ORIGINAL.

APPLICANTS PRINTED NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_  
 SOCIAL SECURITY NUMBER \_\_\_\_\_  
 TODAY'S DATE \_\_\_\_\_  
 APPLICANT'S SIGNATURE \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_ .

Signature of Notary Public: \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

PHS 03/2015 PD018