



MARYSVILLE POLICE DIVISION

125 E. Sixth St., Marysville, Ohio 43040

937-642-3900 Fax 937-642-8439

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and request all persons to whom this request, (original or reproduction), is presented, having information relating to or concerning myself, to furnish such information to a duly appointed officer of the Marysville Division of Police.

I am aware that this information may be of a personal nature and may otherwise be Protected from disclosure by my constitutional or statutory law privileges. I hereby expressly waive all privileges that may attach to such communication or disclosure. I further release all persons, firms and corporations for any and all claims of any nature, as a result of said communications or disclosure. The records and information obtained will be maintained on file with the City of Marysville in confidentiality, to be utilized for employment purposes only.

INFORMATION TO BE RELEASED OR DISCLOSED:

Personal History, Educational Records, Employment Records, Military Service Records, Financial Records, Criminal History Records, Organizational Memberships, Medical Records (physical and psychological) and any other information pertaining to my consideration for suitability of employment by the City of Marysville.

APPLICANT NAME	DOB	SOC. SEC. NUMBER

SIGNATURE OF APPLICANT GRANTING RELEASE: _____

WITNESS SIGNATURE: _____ DATE: _____

CITY USE ONLY

REQUEST PRESENTED TO:	DATE
OFFICER PRESENTING REQUEST:	