



AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I, _____, do hereby authorize a review of all records concerning myself to any duly authorized agent of the Warrenville Police Department, whether the said records are of a public, private, or confidential nature.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Warrenville Police Department for any and all liability, which may be incurred, or as a result arising from the collection of such information.

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

I have read and fully understand the contents of the above **“Authority for Release of Information and Records”**.

DATE OF BIRTH (Month-Day-Year)	SOCIAL SECURITY NUMBER	DATE SIGNED
NAME (Last-First-Middle Initial)	SIGNATURE	