



Chief Darren Paul

580 West State Street, Lehi Utah 84043

AUTHORITY FOR RELEASE OF INFORMATION

Name of Applicant: _____

Date of Birth: _____ SSN#: _____

As an applicant for employment with the Lehi City Police Department, I am required to furnish information for use in determining my qualifications and suitability. I realize that the Lehi City Police Department will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for employment in Public Safety and with the Lehi City Police Department.

To this end, I authorize the release of any and all information you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish the Lehi City Police Department with any and all information they may require concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested by the Lehi City Police Department. I further authorize that a photocopy of this form shall be, for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year from the date of my signature.

Signature (Full Name): _____ Date: _____

Sworn and subscribed to before me this ____ day of
_____, 20 ____.

Notary Public

My commission expires _____