

Kent Police Department

Authority to Release Information

To Whom it May Concern:

I hereby permit any authorized representative of the Kent Police Department or the City of Kent bearing this release, or copy thereof, within one year of its date, to obtain any information concerning my moral, mental and physical suitability for participation in the Citizen Police Academy with the City of Kent.

This release is executed with full knowledge and understanding that the information is for the official use of the Kent Police Department. Consent is granted to the Kent Police Department to conduct a background check for participation in the Citizen Police Academy.

SIGNATURE: _____ **DATE:** _____

TYPED OR PRINTED NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____

PHONE: _____

WITNESS: _____