



**Louisville Metro Police Department
Recruitment & Selection Unit
Authorization to Release Information**

I, _____, born in _____, having filed an application for employment with the Louisville Metro Police Department, consent herein to have an investigation made as to my moral character, reputation, and fitness for the position for which I have applied. Furthermore, I agree to give any additional information that may be required while this investigation is being conducted.

I also authorize and request every person, firm, company, corporation, partnership, governmental agency, court, association, organization, medical professional, medical facility, or institution, school, college, or branch of the military having control over any documents, records, reports, or other written information pertaining to me, to cooperate and allow inspection or provide copies of such documents, records, reports or other written information to the Louisville Metro Police Department, or any of its agents or representatives.

I hereby release, exonerate, and discharge the _____, its agents and representatives, and any person or entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, records, reports, or other written information to the said Louisville Metro Police Department or its agents or representatives.

It has been explained to me, and I fully understand, that refusal to grant this authorization will not necessarily void my application. This authority shall continue for one year from the above date, unless sooner revoked by me in writing.

Signature of Participant

Date

Witnessed By

Date