



Town of Grand Rapids Police Department



AUTHORIZATION FOR RELEASE AND SHARING OF INFORMATION

I hereby empower the Town of Grand Rapids Police Department or other authorized representative bearing this release to, within one year of its date, obtain and share information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any office, clinic, sanitarium or hospital where illnesses, injuries and/or deterioration (physical and/or mental in nature) are diagnosed and treated

I hereby release any Municipal, State, or Federal Law enforcement agency and the Grand Rapids Police Department, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages or whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

1. _____
2. _____
3. _____

Print full name

Signature (full name)

Address

City State Zip

Date

Witness Signature