

Town of Lawrenceville Police Department
400 North Main Street
Lawrenceville, Virginia 23868
(434) 848-2414

Authority for release of information

Applicants Name

Position

I respectfully request and authorize you to furnish the Town of Lawrenceville, Police Department, ANY and ALL information that you might have concerning my employment record, educational record, military record, reputation, character, personal information, financial and credit status. Please include any and all polygraph results, application information and other information of a confidential nature, and photocopies or copies of same. This information is to be used to assist the Lawrenceville Police Department in determining my qualification and fitness for the position I am seeking. A reproduction of this release form will be valid as an original hereof and shall expire twelve months from the date of its acknowledgment.

I hereby release you, your organization or other, from any and all liability or damage which may result from furnishing the information requested. I further understand that sources of information, as well as the information itself cannot be revealed to me.

Applicants Signature

Date

Address

Date of Birth

City, State, Zip Code

Social Security Number

Commonwealth of Virginia
County of Brunswick, to wit:

Signed and acknowledged before me, a notary public, by
_____ this _____ day of _____, 20____ in my jurisdiction
aforesaid.

Notary Public

My commission expires: _____ Notary Registration Number: _____