



Authorization to Release Information

This is to certify that I, _____, am an applicant for the position of _____, and I am applying for a license with the Department of Consumer & Regulatory Affairs in the District of Columbia.

I do hereby authorize the release of any and all information to the Metropolitan Police Department that they may request, from whomever they may deem it necessary to make such a request, from any of my records or files. Such information will include, but will not be limited to: Hospital Records, Medical Records, Military Records, Police Records, Arrest Records, Court Records, Police Reports, including: Juvenile Records, Police Polygraphs, Examination Reports, Credit Records, Background Investigative Material and Reports, Employment Records, Attendance Records, Traffic Records, Confidential Records, Educational Records, Department Transcripts, etc. I also release all persons from any liability which could result from furnishing said information to the Metropolitan Police Department.

Further, I authorize the Metropolitan Police Department to copy or otherwise reproduce this original document and to let such copies or otherwise reproduced copy act as the original instrument. The original document is to be retained on file with the Metropolitan Police Department.

I understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

Signature _____ **Date** _____

Address _____ **City** _____ **ST** _____ **Zip code** _____

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 20____.

(Seal)

Notary Public: _____

My Commission Expires: _____