BELOIT POLICE DEPARTMENT

Employing Agency

AUTHORIZATION FOR RELEASE OF INFORMATION

(for official use only, not to be released to unauthorized persons)

I hereby empower an employee of the: Beloit Wisconsin Police Department
(employing agency)
or other authorized representative thereof bearing this release to, within one year of its date, obtain 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 law enforcement certification or licensing board of Wisconsin or any other state.

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per: Americans with Disabilities Act).
2. _____
3. _____

This release is executed to authorize _____, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

_____ _____
Date *Signature (full name)*

_____
Address (Street and *Number)*

_____
City *State,* *ZIP*

Witness: _____