



City of River Falls
River Falls Police Department
Authorization for Release of Information
(For official use only)

____ New Agent
____ Renew Agent
____ New Operator License
____ Operator License Renewal (after expiration)

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

- (1) Village, Township, Municipal, County, State or Federal law enforcement or government agencies, Wisconsin Department of Justice and Department of Transportation
(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 or present employer, including employment history, discipline, personnel action, evaluations, training, etc.
(7) Any school, college, university or other education institution
(8) Any person, organization or agency the department chooses to contact or interview that may provide relevant background information
(9) Other: _____

This information is to be used to assist the River Falls Police Department, Police and Fire Commission, and the City of River Falls in determining my qualifications and fitness for the position and/or license I am seeking with the City of River Falls, River Falls Police Department and/or for investigation purposes. Please provide to the River Falls Police Department any information falling within the classes listed above, including any information which may be considered confidential or privileged and permit the River Falls Police Department to examine and copy that information if it so desires.

I hereby release any law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from all liability for damages of 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: _____

First Name: _____ MI: _____ Last Name: _____

Maiden Name or Previous Legal Name: _____

Address, City, State, Zip _____

Date of Birth _____ Race _____

Driver's License Number and State of Issuance _____

Expiration date of Driver's License _____

Full Name (signature) _____ Date _____

Please include a copy of your driver's license with this application