



Paris Police Department
 535 High Street, 3rd Street
 Paris, Kentucky 40361
 (859) 987-2100



AUTHORIZATION FOR RELEASE PERSONAL INFORMATION

I, _____ (*Print Name*) do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Paris, Kentucky, whether they said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of personal nature, including employment and pre-employment records, background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of Attorneys at Law, or of other counsel, whether representing me or another person in any case, either of criminal or civil, in which I presently have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Paris, Kentucky. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not obtain an original writing of my signature.

Signature of Applicant (include maiden name)	
Date of Signature:	
Street Address	
Operator License Number	
City, State, and Zip	
Home Telephone Number	
Date of Birth	
Social Security Number	