

VOLUNTARY AUTHORIZATION FOR RELEASE OF POLICE RECORD

(PLEASE PRINT)

NAME _____

NICKNAME(S) _____

CURRENT ADDRESS _____

PERSONAL DESCRIPTION:

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

RACE _____ SEX _____ HAIR COLOR _____ SOCIAL SECURITY# _____ - _____ - _____

I DO HEREBY VOLUNTARILY AUTHORIZE ANY CITY, COUNTY, STATE OR FEDERAL AGENCY, DEPARTMENT OR BUREAU, TO RELEASE ANY INFORMATION IN THEIR FILES UNDER THE ABOVE NAME(S) AND OTHER INFORMATION SUPPLIED BY ME TO THE SCOTTSBORO CITY SCHOOL BOARD. I UNDERSTAND AND REALIZE THAT THE INFORMATION SO RELEASED MAY PROVE UNFAVORABLE TO ME. I AGREE TO SUBMIT TO FINGERPRINTING TO BE FORWARDED TO THE FBI IF REQUIRED BY THE SCOTTSBORO CITY SCHOOL BOARD. I AGREE TO HOLD ANY SOURCE OF INFORMATION BLAMELESS FOR ANY ERROR IN REPORTING THIS INFORMATION. I RELEASE ALL PERSONS WHOMEVER FROM ANY LIABILITY ARISING OUT OF OR RESULTING FROM THE RELEASE OF THIS INFORMATION.

SIGNATURE

DATE OF BIRTH DATE SIGNED

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE _____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____