



POLICE DEPARTMENT
3200 S.E. Harrison Street
Milwaukie, Oregon 97222
Phone: (503) 786-7400

AUTHORIZATION TO RELEASE INFORMATION
(Personal Inquiry Waiver)

To whom it may concern:

I respectfully request and authorize you to furnish the Milwaukie Police Department with any and all information that you may have concerning me, my employment (work) and educational records, my reputation, and my financial and credit status. Please include any and all medical, physical and mental records and reports, including all information of a confidential or privileged nature, include photocopies of same, if possible. Your cooperation in this reply will be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Milwaukie Police Department.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested.

Applicant's Signature

Date

I hereby authorize the release of my Military Service Records (including medical, physical, and mental records and reports) to the Milwaukie Police Department; Milwaukie, Oregon.

Date: _____
Signature _____

Service Number: _____

Subscribed and Sworn to before me on this _____ day of _____, 20_____.

Notary Public for State of Oregon

Note: A photocopy of this request shall be for all intents and purposes as valid as the original.
You may request this form for your files.