



DIVISION OF POLICE
21012 Hilliard Blvd. Rocky River, Ohio 44116

Kelly J. Stillman, Chief
440/331-1234 Fax: 440/895-2622

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, **DO HEREBY AUTHORIZE** any and all persons, employers, partnerships, corporations, and all civilian and government entities, military agencies, law enforcement agencies, private, City, County, State and Federal entities, to release, furnish, and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed as a member of the Citizen Police Academy of the City of Rocky River, Division of Police. This includes, but is not limited to, all information related to my character, integrity, reputation, conduct, and behavior. *This authorizes release of said information to the City of Rocky River, Division of Police.*

I DO HEREBY RELEASE from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant _____ Date _____

Applicant Name (printed) _____

Witness Signature _____ Date _____

Witness Name (printed) _____