POLICE DEPARTMENT

VILLAGE OF SUGAR GROVE

10 MUNICIPAL DRIVE SUGAR GROVE, ILLINOIS 60554

ADMINISTRATIVE – 630-466-4526 EMERGENCY – 911 FAX 630-466-7996

WEBSITE – www.sugar-grove.il.us/

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____,

do hereby authorize the release, review and full disclosure of all records concerning myself to the Sugar Grove Police Department, whether the 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 records of educational institutions; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records; employment and pre-employment records, including background reports, and performance ratings, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made); and all records maintained by any criminal justice or corrections agency including, but not limited to, incident reports, arrest records and criminal history information.

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 Village of Sugar Grove. I also agree to hold harmless any person(s) who may furnish such information concerning me; and I hereby release said person(s) from any 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 said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information". I understand that all information and documents turned over to the Sugar Grove Police Department become the property of the Sugar Grove Police Department and will not be returned to me.

SIGNATURE: _____

PRINTED NAME: _____

ADDRESS: _____

_____

PHONE NUMBER: _____

DATE OF BIRTH: _____

SUBSCRIBED AND SWORN TO BEFORE ME ON THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC: _____