



AUTHORIZATION FOR RELEASE OF INFORMATION

Please print

I, the undersigned, hereby authorize _____ to release to the Village of Liverpool Police Department:

Any criminal history on file under the following name(s):

Legal given name _____

Also known as _____

Maiden name _____

Date of birth _____

Social Security # _____

Present address _____

Signature

Date

Chief of Police

Date

State of New York
County of Onondaga

On this ____ day of _____ 20__,

Before me came _____

Personally known to me to be the individual described and who executed the foregoing instruments and acknowledged that (s)he executed the same.

Notary Public