

**THE CITY OF
PLEASANT VALLEY, MISSOURI
6500 ROYAL STREET
PLEASANT VALLEY, MISSOURI 64068
(816) 781-3996 - (816) 781-6002 (Fax)**

June 15, 2011

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any Police Officer or other authorized representative of the CITY OF PLEASANT VALLEY, MISSOURI, POLICE DEPARTMENT bearing this release, or a copy thereof, to obtain any information in your files pertaining to my employment, military, attendance, personal history, disciplinary records, credit records, and information from financial bureaus. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the CITY OF PLEASANT VALLEY POLICE DEPARTMENT.

Consent is granted for the CITY OF PLEASANT VALLEY, MISSOURI, POLICE DEPARTMENT to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information or any attempt to comply with. Should there be any question as to the validity of this release, you may contact me as indicated below.

Consent is also granted for any individual indicated on the application form as a reference to give, in writing, a statement pertinent to my personal character and professional abilities.

FULL NAME _____
(Typed or Printed) (Signature)

ADDRESS: _____ PHONE: _____

City ST ZIP DATE: _____

THIS RELEASE IS VALID FOR 90 DAYS