

SMITHFIELD POLICE DEPARTMENT
913 South Church Street
Smithfield, Virginia 23430
(757) 357-3247 / Fax (757) 357-6551

Authorization for Release of Information

To: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, and Medical Association

Any Academic Dean, Registrar, Principal, or Authorized Person at any School, College, University, Business, Trade School, High School, or Elementary School

Any Local, State or Federal Law Enforcement Agency

Any Past or Present Employer

Credit Bureau or Retail Merchants Association

I, _____

Address, _____

have applied for employment with the Police Department for the Town of Smithfield, Virginia. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me to the Smithfield Police Applicant Investigator or his representative upon presentation of this release or copy thereof.

Date of Birth _____ Place of Birth _____

Social Security Number _____

(Signature)

(Date)