

WARRENTON POLICE DEPEARTMENT



ACKNOWLEDGEMENT OF BACKGROUND CHECK AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

The City of Warrenton is completing a background check on me to determine my qualifications and fitness for the position I am seeking with the City. In authorizing the City to complete this check I respectfully request and authorize you to furnish the City with any and all information that you may have concerning me, my employment (work), and educational records, my reputation, and my financial and credit status. Your cooperation in this reply will be used to assist the City in determining my qualifications and fitness for the position I am seeking with the City of Warrenton.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Date:	
	Applicant's Signature:
	(Please print your name):
** FORM I	MUST BE NOTARIZED TO BE VALID **
State of)	
State of) ss. County of)	
Acknowledged and subscribed to	before me on this day of, 20 by
(Name of person)	Notary Public Commission Expires:
	MILITARY SERVICE
I hereby authorize the release of records and reports) to the City of	my Military Service Records (including medical, physical and mental f Warrenton, Oregon.
Date: Sig	gnature:
Selective Service Number:	

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your file.