

Protective



Vigilance

TOWN OF PARADISE VALLEY

**POLICE
DEPARTMENT**

6433 E. Lincoln Drive
Town of Paradise Valley, Arizona 85253-4328

PHONE
(480) 948-7418
FAX:
(480) 998-0877

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, **DO HEREBY AUTHORIZE**

Any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private and city, county, state and federal entities to release, furnish and exchange, any and all available information relating to me for the purpose of determining my suitability to be appointed with the Paradise Valley Police Department. This includes but is not limited to; all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

A copy of this document is as valid as the original and authorizes the release of all information to the **PARADISE VALLEY POLICE DEPARTMENT.**

This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. **I DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant: _____	Date: _____
Sworn and Subscribed Before Me This Day of: _____	
By: _____	
State of: _____	County of: _____
Signature of Notary Public: _____	