

**SOUTH MILWAUKEE POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

(For official use only-Not to be released to unauthorized persons)

I hereby empower an employee of the South Milwaukee Police Department or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

- Municipal, State or Federal law enforcement agencies
- Selective Service System
- Any banking institution
- Any place of business (for purposes of obtaining credit or employment data)
- Credit rating bureaus or institutions maintaining individual credit rating files
- Any previous employer
- Present employer
- Any school, college, university, or other educational institution
- Any office, clinic, sanatorium or hospital where illness, injuries and/or deterioration (physical and/or mental in nature) are diagnosed and treated.

I hereby release any Municipal, State, or Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and 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 it.

Exceptions to this blanket authorization.

1. _____
2. _____
3. _____

Date

Signature (Full Name)

Print Name

Address (Street Address)

Witness

City State Zip

Date of Birth

Social Security Number