

City of Alpharetta Department of Public Safety
Office of Professional Standards
2565 Old Milton Pkwy
Alpharetta, Georgia 30009
678-297-6310

Authorization for Release
of Personal Information and
Criminal/Driving History
Record Information

I, _____, do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agents of the City of Alpharetta Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full disclosure of the records of educational institutions; financial or credit institutions, including records or commercial or retail credit agencies; including credit reports and/or ratings, and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigation reports, background reports, polygraph/cvsa exam results, efficiency and or fit for duty reports, complaints or grievances filed by or against me, and the records; recollections of attorney's at law, or other counsel, whether representing me or another person in any case either criminal or civil, in which I presently have or have had an interest, and any other document or article of information obtained by a personal history background investigation which is developed directly or indirectly in whole or in part, upon this release authorization will be considered in determining my suitability as a candidate for employment by the City of Alpharetta Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this and hereby release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize the Alpharetta Police Department to receive any criminal history information and driver's history information pertaining to me which may be in the files of any criminal justice agency.

A photocopy of this release form will be as valid as an original thereof; providing the notary seal or stamp is visible even though the said photocopy does not contain an original writing of my signature.

Signature _____

Address _____

City _____ State _____ Zip Code _____

Race ____ Sex ____ Date of Birth ____/____/____ Social Security Number ____-____-____

Sworn and subscribed in my presence, this ____ day

of _____, 20____.

Notary Public

(Place Commission Information and Seal)