



right at home.

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DEPARTMENT OF PUBLIC SAFETY - POLICE DIVISION
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____

Last Name First Middle Date of Birth

Current Address Social Security #

Address of Residence During Past 10 Years: Period of Time Lived There

City County State From To

- (1)
(2)
(3)
(4)

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the Department of Public Safety, Police Division, or any police agency assisting them, whether the said records are public or private, and including those which may be deemed to be a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions; commercial or retail mercantile establishments and retail credit agencies; results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me and including but not limited to the records and recollections of attorneys at law, or other counsel representing or having represented me, and any records of any type whatsoever which concern any criminal charges involving me.

I further authorize the release of information concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to become an employee of the Police Division, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Witness

Applicant's Signature

Address

Date

Applicant's Driver's License No.