

Release of Information

I do hereby grant the City of College Place, or any other criminal justice agency, the release of all pertinent information, including any credit reports, favorable or unfavorable, and any criminal records of any type or description.

This release is given for the purpose of presenting a picture of my personal history to the City of College Place Fire Department.

Print Name

DOB

S.S.#

Driver's License #

State

Signature

Date

Witness