



**WILLIAMSTON POLICE DEPARTMENT
175 E. GRAND RIVER AVENUE
WILLIAMSTON, MI 48895
(517) 655-4222**

**APPLICANT INFORMATION SHEET AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

Type or print only:

Last Name:	First Name:	Middle Initial:	Suffix (Jr, Sr, III):
Social Security No:*	Date of Birth:	Gender:**	Race:
Residential Address (Street, City, State, Zip):		Phone No:	Highest Degree:
Drivers License No:	Issuing State:	Email address:	

Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish the Williamston Police Department, its representatives and/or agents any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to employment, criminal, academic, military, personal history, attendance, driving records and medical records (includes medical/emotional, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Williamston Police Department.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Signature:	Date:
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*This information is confidential. Confidential Information is protected by the Federal Privacy Act.

**This information is for the purposes of EEO reporting only.