

THIS FORM JUST BE NOTARIZED

CITY OF MARTINSVILLE, VIRGINIA POLICE DEPARTMENT

RELEASE FOR BACKGROUND INVESTIGATION

(DATE)

To Whom It May Concern:

I hereby authorize a representative of the Martinsville Police Department, bearing this release, or copy thereof, to obtain any information in your files pertaining to my police record, medical record, credit record, scholastic record, previous or present employment record for the purpose of background investigation.

In applying for employment with the Martinsville Police Department, I hereby waive my right of access to the letters relating to police records, medical, credit, scholastic or employment history and letters of recommendation.

Full Name (Signature)

Full Name (Typed or Printed)

Social Security Number

Address

Telephone Number

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____, 20_____.