



PERSONAL HISTORY RELEASE

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agents of the City of Bainbridge Public Safety Department

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of 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.

I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Last Name		First Name	Middle Name
DATE OF BIRTH (mm/dd/yyyy)	MAIDEN NAME		PHONE NUMBER (AREA CODE) – NUMBER () - -
Social Security Number:			
EMAIL ADDRESS			
ADDRESS: <i>Street</i>		Apartment/Unit#	
City:	State:	Zip Code:	

SIGN ONLY IN THE PRESENCE OF THE NOTARY PUBLIC

Signature (including maiden name)

Date

Notary Public Signature

Date

