

**AUTHORIZATION TO RELEASE INFORMATION**  
(Personal Inquiry Waiver)

To Whom It May Concern:

I respectfully request and authorize you to furnish the Kenai Police Department with any and all information that you may have concerning me, my employment, job performance, educational records, reputation, traffic or criminal history, police contacts, financial and credit status. Please include all information regarding disciplinary actions or processes if applicable. Your cooperation in this reply will be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Kenai Police Department.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

If you have been in the military, please also complete this section:

I hereby authorize the release of my military service records (including medical, physical, and mental records and reports) to the Kenai Police Department, Kenai, Alaska.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service number

Subscribed and sworn to before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature & Seal

\_\_\_\_\_  
Commission expiration date

NOTE: A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original. You may retain this form for your files.