

LaGrange Police Department  
355 South Center Street, LaGrange, OH 44050  
Phone: (440) 355-4469 Fax: (440) 355-5556

**Authorization To Release Records / Information**

In accordance with the Privacy Act (5USC 552A), Freedom of Information Act, and the Fair Credit Reporting Act, I expressly authorize any person associated with any educational institution, past or present employer, any law enforcement agency, Federal/State/Local, any public/private medical institution/office, financial institution/office, credit check, or any person who has personal knowledge of my character, work experience, criminal records, motor vehicle records, education, medical history and overall mode of living to release this information to the LaGrange Police Department for the purpose of employment/investigation.

I \_\_\_\_\_ release all persons from liability as result of true, accurate information. I also authorize that a copy of this release be as valid as the original.

_____ Signature		_____ Date signed	
_____ Current Address		_____ City	_____ State
_____ Area Code		_____ Zip Code	
_____ Telephone Number		_____ Social Security Number	
_____ Date of Birth		_____ Social Security Number	