

TAYLORSVILLE CITY POLICE DEPARTMENT



Consent to Release Information Statement - Background Check

Please Print

Name: _____, _____, _____
Last First MI

Street Address City State Zip

Date of Birth: ____/____/____ Home Phone Number: ____-____

I, _____, authorize Taylorsville City Police Department, or its agents, to conduct a criminal background check for the purpose of verifying and/or obtaining any information whatsoever, whether favorable or unfavorable, about me.

Release of Liability

I, _____, hereby release and discharge Taylorsville City and their agent's or employee's from all liability, claims or demands with respect to background check completed herein. My signature below indicates my agreement with the procedures outlined above.

Signature

Witness

____/____/____
Date