

AUTHORIZATION FOR RELEASE OF ALL INFORMATION

TO WHOM IT MAY CONCERN:

You are hereby authorized and requested to furnish and release to the Clinton Township Police Department or their representative any and all information which may be requested relative to me, past or present, and to furnish copies of any and all records which you may have concerning me.

I hereby expressly waive any and all privilege which otherwise might attach to such communication or disclosure.

Photostatic copy of this authorization may be used in place and instead of the original.

Applicant's FULL Name (Signature): _____
(First) (Middle - Please!) (Last)

Applicant's FULL Name (Printed): _____
(First) (Middle - Please!) (Last)

Birthdate: _____

Michigan Driver's License Number: _____

IF MORE THAN ONE APPLICANT, PLEASE COMPLETE THE FOLLOWING FOR THE SECOND APPLICANT:

Applicant's FULL Name (Signature): _____
(First) (Middle - Please!) (Last)

Applicant's FULL Name (Printed): _____
(First) (Middle - Please!) (Last)

Birthdate: _____

Michigan Driver's License Number: _____

Witnessed by: _____

Dated: _____

Return Application, Check and Authorization for Release Form to:

KIM MELTZER, CLERK
Charter Township of Clinton
40700 Romeo Plank Road
Clinton Township, MI 48038