

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

We/I hereby authorize you to release any documented interaction with your department to Access Services. I understand that this may include but is not limited to: any suspected criminal conduct/activity, arrests, police reports, protection from abuse/restraining orders, information regarding disturbance of the peace or public safety, and any other reported matters which involved your police department.

Signature of Primary _____

Signature of Secondary _____

Signature of Adult Household Member _____

Signature of Adult Household Member _____

Witnessed _____

Administrator Use Only
Local Township Police Department:

Applicant(s)/Household Members:

See Attached Foster/Host Family Data Form