

AUTHORIZATION FOR RELEASE OF INFORMATION

Rev. 06.28.2018

I, _____ hereby authorize any individual, organization, court, or law enforcement agency to release any and all records related to my prior law enforcement training and certification or licensure; any and all records related to any criminal or internal investigation conducted on me; and any and all pre-employment application or employment records pertaining to me, to the Missouri Department of Public Safety's Peace Officer Standards and Training Program for the purpose of obtaining or retaining a peace officer license.

A copy of this authorization will be considered as effective and valid as the original and shall not expire.

Signature of Applicant or Licensee

Date

Subscribed and sworn to before me this _____ day of _____, 20___. I am commissioned as a notary public within the county of _____, state of _____, and my commission expires on _____, 20__.

NOTARY PUBLIC