



SRPSI
Southern Regional Public
Safety Institute
Building 1481, 14th Street
Camp Shelby, Mississippi 39407-5500
(601) 558-2172 / (601) 558-2027 Fax

AUTHORIZATION TO RELEASE INFORMATION

TO: _____
(Name of Agency/Department from which information is being requested)

I hereby request and authorize you to furnish the *Southern Regional Public Safety Institute* with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and my past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a law enforcement officer.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a law enforcement officer. This release will expire sixty (60) days after the date signed.

Print Name: _____ Race: _____ Sex: _____

Social Security #: _____ - _____ - _____ Birth Date: _____

Signature: _____ Date: _____