AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT FORM

I, _____ , hereby authorize the City of Suwanee Police Department to obtain and or receive any criminal history record and or driving history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, and any other state, or any other country.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied, or otherwise received.

CRIMINAL HISTORY RECORDS AND DRIVER HISTORY RECORDS

A photocopy of this release form will be valid as the original hereof, even though the said copy does not contain original writing of my signature.

This release is executed with the full knowledge and understanding that the information is for the official/confidential use by the City of Suwanee Police Department in determining my suitability to participate in the Suwanee Parks Ambassador Program.

I hereby waive and release any claims against any party, which I may have as a result of the release of any records or information referenced in this authorization and acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my social security account number and driver's license on a voluntary basis with the understanding that such is not required by Federal statute or regulation. I have been advised that my Social Security number will be utilized only to

facilitate the location of the above information/records concerning me in connection to this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

APPLICANT NAME: _____

APPLICANT SSN: _____

APPLICANT SIGNATURE: _____

DATE: _____